

# ORGANIZATION OF AMERICAN STATES



## APPLICATION FOR INTERNSHIP

**INSTRUCTIONS:**

Please complete the following application to the best of your ability, attach additional sheets if necessary. Type or print in dark ink, and attach a recent photograph in the space provided. Be sure to sign and date the form.

<b>1. Last Name</b>			<b>First</b>			<b>Middle</b>			<b>2. Social Security NE</b>						
<b>3. What session are you applying for: (please specify dates)</b>															
<b>4. Current Mailing Address:</b>						<b>6. Permanent Address:</b>									
<b>5. Telephone NE:      Until what date:</b>						<b>7. Telephone NE:</b>									
<b>8. Date of birth:</b>				<b>9. Place of birth:</b>				<b>10. Citizenship:</b>				<b>11. Type of visa:</b>			
<b>18. List in chronological order beginning with the most recent first, the educational establishments you have attended:</b>															
<b>Name and Address:</b>				<b>Years Attended:</b>				<b>Certificates or Degrees Earned:</b>							
				From		To									
<b>19. Major field of study:</b>								SPACE FOR PHOTOGRAPH							
<b>20. Minor field of study:</b>															

21. Overall GPA:	22. GPA in Major Area			23. Year in School			24. Expected Date of Graduation:		
25. Languages Proficiency:	Reading Ability			Writing Ability			Speaking Ability		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Spanish									
Portuguese									
French									
Other									
26. List any relevant employment or voluntary service activity, beginning with the most recent first:									
Employer's name, address, and telephone number:			Title of post, description of duties				Duration of Employment		
I.									
II.									
III.									
27. Extra Curricular Activities:									
List any offices held, honorary societies of which you are a member, personal enterprises and international or community involvements:									
28. Briefly describe any statistical experience, research, or surveys conducted:									
29. Office Skills:									
Computer application programs: Word Processing _____ Spread sheets: _____									
Other _____									
30. Health:									
Do you have any physical defects or disabilities? Yes 3 No 3									
If yes, please explain:									

31. In the space provided, describe your reason(s) for seeking an OAS internship position and their relationship to your academic or career goals. (75-100 words):

32. To complete your application, please attach the following:
- a. A description of relevant coursework and grades received.
  - b. An official statement from your Program Advisor, only if credits will be received.
  - c. Two letters of recommendation from a professor, academic advisor, and/or employer.

Signature:

Date:

**Deadlines for submitting applications:**

January	November 15
June	March 15
September	June 15

**Mail completed application to:**

**INTER AMERICAN COMMISSION ON HUMAN RIGHTS  
INTERN PROGRAM,  
1889 "F" STREET, N.W.  
WASHINGTON, D.C. 20006**