



2019 INTERNSHIP PROGRAM

Applicant Information

Name: _____
Last First Middle Initial

Address: _____
Street City State/Zip

Desired Position: _____

During the time of the internship, will you live in the metro Atlanta area? Yes No

Phone: _____

E-mail: _____

How did you hear about our program? _____

Are there any special conditions of which the Georgia Chamber of Commerce should be aware in order for you to participate fully in our Internship Program? *Use a separate sheet if necessary.*

Availability (*Indicate start and end dates*):

Academic Information

College or University: _____

Major: _____ G.P.A. _____

Related Coursework:

During summer 2019, will you be taking classes? Yes No

Requesting Course Credit: Yes No

Please indicate your college standing at the start of the internship program:

____ Rising Junior ____ Rising Senior ____ Recent Graduate ____ Graduate Student



Application Instructions

Required materials include, but are not limited to:

- Completed application
- Resume & cover letter
- 100 words or less on why you are interested in this position
- One of the following:
 - A sample marketing, promotion, PR or program development plan you have created for a class or volunteer organization.
 - A sample piece of marketing collateral (one pager, brochure, website, brand standards, etc.) you wrote and designed for a class or volunteer organization.
 - An example of your work that demonstrates you have the experience or ability to successfully complete projects similar to those outlined in the Main Objectives section.

Compile your application materials into a **single PDF file named “Your Last Name, Your First Name, Internship Position Name, Spring 2019”** and send to internships@gachamber.com.



Emergency Contact Information

Person we should contact in case of emergency:

Name: _____ Relationship to Applicant: _____

Phone: Day _____ Evening _____

Email: _____

Internship Release, Indemnity & Publicity Consent Agreement

In conjunction with my application for acceptance into the Georgia Chamber of Commerce Internship Program, I declare that I am a college student or recent graduate, 18 years of age or older and meet the internship eligibility requirements. For and in consideration of being accepted into the Internship Program, I release and hold harmless the Georgia Chamber of Commerce, from any and all personal injury and property damage which may result from my participation in any activity related to the Internship Program other than claims arising from the gross negligence or willful misconduct of the Georgia Chamber of Commerce.

I understand and agree that the Internship Program is designed primarily for the educational purpose of providing college students with practical experience related to their academic studies and in no way creates an employment relationship between the Georgia Chamber of Commerce and myself. In addition, I understand and agree that I will be eligible for course credit for my participation in the Internship Program based on the standards set forth by my educational institution and that the Georgia Chamber of Commerce may not otherwise compensate me.

I hereby consent to the use by the Georgia Chamber of Commerce of my name, voice, likeness for promotional, advertising, marketing and other purposes without consideration. I represent and agree that I have carefully read, fully understand all of the provisions of this agreement and that I am knowingly and voluntarily enter into this agreement.

Signature: _____

Date: _____

Print Name: _____