



Internship Program Application

You may complete this application in your preferred language. Signed, printed and written, and electronic applications are accepted. Written and electronic applications should be sent as a PDF, and signed applications should be in a single video shared via a Google Drive link. (Please ensure that the video can be accessed by anyone who has the link.)

Include at least two letters of recommendation from your current or former supervisors, teachers, professors, mentors, or other professionals who are familiar with your experiences in school or work settings. We will not accept letters from parents, family members, or friends.

E-mail completed applications and letters of recommendation to Lisa Guerra at:

lisa@nationaldeafcenter.org

FULL NAME	
DATE OF BIRTH	
CITY YOU LIVE IN	

DO YOU IDENTIFY AS DEAF?

(We use the term “deaf” in an all-encompassing manner to include individuals who identify as Deaf, hard of hearing, hearing impaired, late-deafened, deafdisabled, and any other identity related to hearing loss.)

DO YOU HAVE OTHER IDENTITIES YOU WOULD LIKE TO SHARE?

(Latinx, African American, multiracial, deafblind, queer, etc.)

CONTACT INFORMATION

(Include your preferred method of contact—e-mail, VP, etc.)

ARE YOU CURRENTLY IN ANY TYPE OF TRAINING OR SCHOOL?
(If yes, list the names and specializations and majors, if any.)

WHAT ARE YOUR GOALS FOR AFTER SCHOOL OR TRAINING?

HOW WOULD THIS INTERNSHIP HELP YOU REACH YOUR GOALS?

IF ACCEPTED, ARE YOU WILLING TO ATTEND A PROFESSIONAL DEVELOPMENT CONFERENCE OR WORKSHOP WITH YOUR MENTOR? IF YES, HOW WOULD YOU BENEFIT FROM THIS OPPORTUNITY?