



CKD Internship Application Form

General Information

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Secondary Phone Number: _____

Drivers License Number (State): _____

E-mail Address: _____

Primary Emergency Contact & Phone Number: _____

Secondary Emergency Contact & Phone Number: _____

Education

High School: _____ State: _____ Graduated? _____ Earned GED? _____

College: _____ State: _____ Major: _____

Month/Year Started: _____ Month/Year Ended: _____ Graduated?: Yes No

Certifications: _____

Chronic Kidney Disease Information:

Name of Doctor or Dialysis/Transplant Social Worker: _____

Contact's Clinic Phone Number: _____

Contact's Clinic Address: _____

What Days and Times Are You Available to Intern?

Monday / Times: _____

Tuesday / Times: _____

Wednesday / Times: _____

Thursday / Times: _____

Friday / Times: _____

Do you have reliable transportation?

Yes

No

Please check the job skills you have EXPERIENCE with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Editing & Proof-Reading | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Public Speaking & Presentations | <input type="checkbox"/> Communications & Public Relations |
| <input type="checkbox"/> Graphic Design <small>(Adobe, InDesign, Publisher, etc.)</small> | <input type="checkbox"/> Teaching/Group Facilitation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Phone Communication | <input type="checkbox"/> Working with Children | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Internet Search Skills | <input type="checkbox"/> Working with Older Adults | |

Other personal job skills:

Please check the job skills which you would like to LEARN more about:

- | | | |
|---|--|--|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Editing & Proof-Reading | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Public Speaking & Presentations | <input type="checkbox"/> Communications & Public Relations |
| <input type="checkbox"/> Graphic Design <small>(Adobe, InDesign, Publisher, etc.)</small> | <input type="checkbox"/> Teaching/Group Facilitation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Phone Communication | <input type="checkbox"/> Working with Children | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Internet Search Skills | <input type="checkbox"/> Working with Older Adults | |

Other job skills or workforce tasks you would like to learn more about:

****Please submit a copy of your professional resume with your application.****

Submit completed materials by mail:

National Kidney Foundation of Michigan

ATTN: CKD Internship Program

1169 Oak Valley Drive

Ann Arbor, MI 48108

Submit completed materials by fax:

National Kidney Foundation of Michigan

ATTN: CKD Internship Program

Fax: 1-833-292-6778