

## FACULTY AND COACHES ORIENTATION INTERNSHIP PROGRAM

The orientation internship is intended for APSCUF members who have some local APSCUF responsibility and are interested in expanding a working knowledge of the union. It provides opportunities to observe the entire spectrum of union administration and interact with staff who serve in various capacities. The program is designed to provide an impetus for APSCUF members to prepare for increased local and/or state responsibilities. Internships shall be for a one-week period.

Applications for an APSCUF internship should be sent to the State APSCUF President. The APSCUF President will review applications for the internships and award them to applicants on the basis of the staff's capacity to accommodate an intern at the requested time. All applications should be submitted at least six weeks prior to the date the internship could begin.

The charge for the hotel room and meals at the hotel will be paid directly by APSCUF. An expense voucher will be used for other expenses and travel within the limits of the APSCUF per diem and travel policy up to \$500.00 per week.

Complete the application form in duplicate, sending the original along with application materials to the address shown on the front on this form. Maintain the duplicate for your files.

Approved by Legislative Assembly 9/81  
Amended by Executive Council 1/04

**APPLICATION FORM**  
**APSCUF FACULTY AND COACHES ORIENTATION INTERNSHIP PROGRAM**

NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

HOME  
ADDRESS: \_\_\_\_\_

HOME  
TELEPHONE: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

UNIVERSITY  
ADDRESS: \_\_\_\_\_

UNIVERSITY  
TELEPHONE: \_\_\_\_\_

UNIVERSITY  
EMAIL: \_\_\_\_\_

APSCUF role(s) and responsibilities at local level: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates desired for one week orientation internship:

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach to your application a recent resume and letters from two APSCUF members recommending you for the internship. Also please attach to your application a proposal for any activities you would especially like to engage in while in the APSCUF Office. Staff scheduling will be considered in selecting dates.

RETURN TO: Steve Hicks, President  
P.O. Box 11995  
Harrisburg, PA 17108

Date received at State APSCUF Office: \_\_\_\_\_

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