



**UNDERGRADUATE STUDENT INTERNSHIP APPLICATION**  
**NWW COMMITTEE FOR COMMUNITY LIVING, INC.**

1301 Centre Street, Newton Centre, MA 02459

(617) 964-6860

[www.nwwcommittee.org](http://www.nwwcommittee.org)

FULL NAME	
NICKNAME, IF ANY	
COLLEGE	
GRADUATING CLASS	
COLLEGE ADDRESS	
PERMANENT ADDRESS	
PHONE	
EMAIL	
HOURS PER WEEK	
# OF SEMESTERS	
DAYS AND TIMES AVAILABLE	
PREVIOUS EXPERIENCE WORKING WITH PEOPLE WITH INTELLECTUAL DISABILITIES	

PREVIOUS VOLUNTEER EXPERIENCE	
ACADEMIC INTERESTS	
LEISURE INTERESTS/ HOBBIES	
HOW DID YOU FIND OUT ABOUT THIS INTERNSHIP OPPORTUNITY?	
REFERENCE (Give name, phone and email address.)	

I authorize the NWW Committee to contact the above individual for a character reference, and I attest that my personal information is accurate and correct.

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Signature of applicant

Date