

MEDA Volunteer Application

Name:			
Applying for Internship (please select one): Fall_	Spring	Summer	
Address:			
City:	State:	Zip:	
Telephone Number:			
Email Address:			
Date of Birth:			
Name of College/University:			
Expected Graduation Date:			
Major(s):			
Minor(s):			
Please list any clubs/organizations you are currer	ntly involved in, as	well as your position:	
If this is an internship for class credit, please desc make (including number of hours, if on-site visits	• •		



Please answer the following questions. You can take up as much space per question as you need. We encourage you to be honest and open.

- 1. How did you hear about MEDA?
- 2. Why would you like to intern at MEDA and work exclusively on issues pertaining to eating disorders and disordered eating? Please specifically discuss why you believe you would be a good fit.
- 3. What education/experience do you have with eating disorders/disordered eating or body image issues?
- 4. Do you believe people can recover from an eating disorder? Please explain.
- 5. What do you believe are your strengths that you would bring to MEDA and this internship?
- 6. What are your areas of growth that you hope to work on while at MEDA?
- 7. If you were to receive an internship at MEDA, what areas, both professionally and personally, would you like to work on and further develop during your time here?
- 8. What do you enjoy doing in your spare time? How do you de-stress and relax?
- 9. Please share anything else that you believe would be helpful for us to know about you.
- 10. What time commitment are you able to make? More specifically, how many hours do you believe you can work? Number of days? What days would work best (MEDA is closed on the weekends)?

Thank you for filling out this application. Please submit via email with "Undergraduate Internship Application" in the subject line to info@medainc.org along with your resume and cover letter.