



PAID INTERNSHIP INTERVIEW APPOINTMENT REQUEST FORM

Please PRINT and complete the following information.

CLIENT INFORMATION:

Name: _____

Telephone: _____ E-mail: _____

Internship Interview Date: _____ Employer: _____

Personal Pronouns (i.e. she/her, he/his, they/them): _____

Please note that only clients with interviews for paid internships will be accommodated.

REFERRAL ORGANIZATION INFORMATION:

Referral Organization: _____ Staff Name: _____

E-mail: _____ Phone: _____

**To Request an Appointment, send this completed form to Alyssa Rose at
arose@bottomlessclosetnyc.org or via fax at (646) 355-0176**

For Bottomless Closet Use:

Appointment Date & Time : _____ **Code:** _____

Resume : _____

Notes: