

Workforce Housing Alliance.US

Website: WHA-US.ORG

" A Workers Best Friend For Housing!"

A 501 (c)(3) Non-profit Corporation

Matchmaker Intern Program

High School Seniors, College Students & Graduates
And Those Desiring a Career Change.

Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ cell/home/other

Email: _____

Work Days Available: Mon Tues Wed Thurs Fri Sat Sun

Work Hours Available: ___am/pm To ___am/pm and/or ___am/pm To ___am/pm

Education Background Level:

High School/GED Diploma? Y N College #Yrs Degree? Y N

Description Of Degree: _____

Returning Worker: Y N Explain Any Experience: _____

Desired Field: _____

Additional Comments: _____

By signing below, I agree as an Intern Participant in WHA's Matchmaker Intern Program, to indemnify and hold harmless its officers, directors, volunteers, or members for any cause for damages or compensation for any loss resulting from my participation.

Signature _____ Date _____

Please note: This program does not include curriculum credits. Please submit any Resume with this form.

For More Information or participation, contact:

Kelley McFarland

Workforce Housing Alliance Area Director

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WHA-US.ORG

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