

SOCIAL JUSTICE Initiatives

PUBLIC INTEREST SUMMER PROGRAMS ORGANIZATIONAL REQUEST FORM FOR SUMMER 2019 INTERN

NAME OF ORGANIZATION: _____

ORGANIZATION FULL MAILING ADDRESS: _____

ORGANIZATION TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Human Rights Organization | <input type="checkbox"/> Private Law Firm |
| <input type="checkbox"/> Non-Profit/Non-Governmental Organization | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Academic Institution | _____ |
| <input type="checkbox"/> Government Agency or Office | |

WEBSITE: _____

DESCRIPTION OF ORGANIZATION'S PURPOSE (please attach most recent annual report or brochure, if any):

AREAS OF WORK (Please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Law Reform |
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Environmental | <input type="checkbox"/> Migrant/Farm Workers |
| <input type="checkbox"/> Animal Rights | <input type="checkbox"/> Family Law | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Arts/Media | <input type="checkbox"/> First Amendment | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Children's Rights | <input type="checkbox"/> Gay/Lesbian/Transgender Rights | <input type="checkbox"/> Reproductive Issues |
| <input type="checkbox"/> Civil Rights/Civil Liberties | <input type="checkbox"/> Government | <input type="checkbox"/> Tax/Financial |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Gun Control Issues | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Health | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Death Penalty | <input type="checkbox"/> Homelessness/Housing | <input type="checkbox"/> Whistleblowers/
Government |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Human Rights | Accountability |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Women's Rights |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Indigenous Rights | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> International Law | _____ |
| <input type="checkbox"/> Elder Law | | |

CONTACT PERSON:

NAME, TITLE: _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS: _____

DESCRIPTION OF PROJECT(S) LIKELY TO BE DONE: (please add lines/pages if needed)

TYPE OF ADVOCACY DONE BY ORGANIZATION (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Court Room Exposure | <input type="checkbox"/> Research / Writing |
| <input type="checkbox"/> Direct Service | <input type="checkbox"/> Transactional |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Public Education | _____ |
| | _____ |

WILL AT LEAST ONE ATTORNEY BE IN RESIDENCE IN YOUR OFFICE MID-MAY TO MID- AUGUST TO SUPERVISE YOU?

YES NO.

If yes, please provide attorney's name: _____

ANY OTHER INFORMATION YOU WISH TO PROVIDE: _____

FORM SUBMITTED BY: _____

PLEASE RETURN THIS FORM TO: Iliana Ortega, Program Coordinator, Summer Programs, by hand to 800 William June Warren Hall (Big Warren) or by e-mail: iortega@law.columbia.edu