PUBLIC INTEREST SUMMER PROGRAMS
ORGANIZATIONAL REQUEST FORM FOR SUMMER 2017 INTERN

NAME OF ORGANIZATION:

ORGANIZATION FULL MAILING ADDRESS:

ORGANIZATION TYPE:
- __ Human Rights Organization
- __ Non-Profit/Non-Governmental Organization
- __ Academic Institution
- __ Government Agency or Office
- __ Private Law Firm
- __ Other (please specify)

WEBSITE:

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

AREAS OF WORK (Please check all that apply):
- __ AIDS/HIV
- __ Alternative Dispute Resolution
- __ Animal Rights
- __ Arts/Media
- __ Children's Rights
- __ Civil Rights/Civil Liberties
- __ Consumer
- __ Criminal Justice
- __ Death Penalty
- __ Disability
- __ Domestic Violence
- __ Economic Development
- __ Education
- __ Elder Law
- __ Employment/Labor
- __ Environmental
- __ Family Law
- __ First Amendment
- __ Gay/Lesbian/Transgender Rights
- __ Government
- __ Gun Control Issues
- __ Health
- __ Homelessness/Housing
- __ Human Rights
- __ Immigrants/Refugees
- __ Indigenous Rights
- __ International Law
- __ Law Reform
- __ Migrant/Farm Workers
- __ Native American
- __ Poverty
- __ Reproductive Issues
- __ Tax/Financial
- __ Technology
- __ Voting Rights
- __ Whistleblowers/
- __ Government Accountability
- __ Women’s Rights
- __ Other

CONTACT PERSON’S:

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):

___ Court Room Exposure
___ Direct Service
___ Policy
___ Public Education
___ Transactional
___ Other (please describe)

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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:

PLEASE RETURN THIS FORM TO: Cat Kirchhoff, e-mail: Ckirchhoff@law.columbia.edu.