



**APPLICATION FOR FOREIGN NATIONAL
STUDENT INTERN PROGRAM
U.S Mission, New Zealand**

Section 1: Personal Information

1. Full Name: _____
Last (Surname) First Middle

2. Present Address, Telephone Number and E-mail:

3. How did you learn about this program? /___ / Ad /___ / Employee /___ / Relative /___
/University/School /___ / Other (Please Specify)

4. Do you have any relatives that work for the Embassy/Consulate: Yes ☐ No ☐

If yes, please provide their name, position title, and the section where they work.

5. Are you a citizen or legal permanent resident of the country where this U.S. mission is located?

Yes ☐ No ☐ (If you answered "no", you are not eligible to participate in the FNSIP.)

Section 2: Education

UNIVERSITY/EDUCATIONAL INSTITUTION:

Name and full address of current College, University or institution:

Dates Attended:

From (Month/Year) _____ To (Month/Year) _____

Did you graduate?

Yes ☐ No ☐

Major Area of Study: Name and Telephone Number of instructor or other official:

How many hours per week are you able to participate in the FNSIP?

Please indicate hours per week. _____

What days of the week are you available?

Please indicate what days/hours you are available. _____

Please list your proposed start and end dates.

These dates will be negotiated with the Embassy, if selected. _____

Section 3: Languages

LANGUAGES: Please list the languages that you speak, read and/or write and the level for each below:

1 = Basic; 2 = Limited; 3 = Good working knowledge; 4 = Fluent 5= Translator

LANGUAGE	SPEAK	READ	WRITE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Work Experience: Please list your most current work experience

A. JOB TITLE: _____

Organization Name: _____

Full Time ☐ OR Part-Time ☐

B. From (Month/Year) _____ To (Month/Year) _____

C. Address and Phone Number of Organization

D. Main Duties and Responsibilities:

Reason for leaving:

Section 5: Reason for wanting to participate in the Internship

Please provide a brief statement to explain why you would like to be considered for the Internship and what you hope to achieve during the program that will benefit your current area of study. Please also indicate if there is a particular section of the U.S. mission that most interests you (e.g., Political, Economic, Management, Consular, or Public Affairs).

Section 6: DECLARATION

- ☐ I am a current student at a trade school, technical or vocational institute, junior college, college, university or other accredited educational institution, and I am in good academic standing.
- ☐ I understand that any information I provide may be investigated and that any false statements may be grounds for non-consideration or termination from the FNSIP, if selected.
- ☐ I understand that, if I am provisionally selected for the FNSIP, a successful security and medical certification must be completed before I may begin the program.
- ☐ I consent to the release of information about my ability and fitness for the FNSIP by employers, schools, law enforcement agencies, and other individuals and organizations to U.S. mission-authorized investigators and personnel.
- ☐ I certify that, to the best of my knowledge, all of my statements are true and complete.

Printed Name: _____

Signature

Date

U.S. DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT (Required)

I understand and agree that I am being provided an opportunity to perform volunteer services pursuant to 5 U.S.C. § 3111 as part of the Foreign National Student Intern Program. I understand that I will not be receiving any compensation in return for the services that I perform. I further agree that I waive any and all claims against the U.S. Department of State and/or the United States Government (USG) for payment of compensation as a consequence of my performance of services under this agreement. I further understand that I will not be considered an employee of the U.S. mission, the U.S. Department of State or the USG, except as otherwise provided by applicable law. I understand that I have been accepted into the FNSIP and that my participation in this program is subject to termination at any time at the discretion of the U.S. mission. Please sign below to acknowledge that you understand the terms of this arrangement.

Printed Name: _____

Signature

Date