



**MMCC**  
MARYLAND  
MEDICAL  
CANNABIS  
COMMISSION

Revised November 2020

## Intern Application

AVAILABILITY		
Check All That Apply: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
CONTACT INFORMATION		
Name		Date of Birth
Email address	Primary Phone Number	
ADDRESS		
Address Line 1 (Street Location)		
Address Line 2		
City	State	
Zip Code	County	
ACADEMIC INFORMATION		
High School		
Dates Attended	Major	GPA
City	State	Zip Code

<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>Undergraduate College/University</b>		
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<b>Dates Attended</b>	<b>Major</b>	<b>GPA</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>Graduate College/University</b>		
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<b>Dates Attended</b>	<b>Major</b>	<b>GPA</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>RELEVANT COURSEWORK</b>
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Please identify any courses that may be relevant to work at the MMCC.

<b>AREA OF INTEREST</b>
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**Check All That Apply:**     Communications     Enforcement     Data Analytics  
 Policy and Government Affairs     Public Health     Science/Laboratory

<b>SKILLS OR QUALIFICATIONS</b>
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Please identify and summarize any skills or qualifications from previous employment, including volunteer activities that will be helpful to the MMCC.

## REFERENCES

Please list the name(s) and contact information below for the individuals preparing the required letter(s) of recommendation

### Reference #1

Name	Organization/Title
Email address	Primary Phone Number

### Reference #2

Name	Organization/Title
Email address	Primary Phone Number

### Reference #3 (Optional)

Name	Organization/Title
Email address	Primary Phone Number

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
DATE