

Internship Application



MARYLAND
MMCC

Natalie M. LaPrade
Maryland Medical Cannabis Commission

Contact Information

Name	
Street Address	
City/ST ZIP Code	
Home Phone	
E-mail	
Date of Birth	

Education

Institution Currently Enrolled	
Expected Graduation Date	
Major/Overall GPA	
Please list additional courses that you feel are helpful in preparing you for this internship.	

Availability

MMCC internships are typically 4-6 weeks in length with a minimum of 6 hours on site. Please indicate which day(s) of the week you prefer.

- Monday Thursday
 Tuesday Friday
 Wednesday

Interests

Please indicate your area(s) of interest below.

- Administration
 Communication
 Data Analytics
 Enforcement
 Quality Assurance
 Scientific/Public Health

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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

1. Name	
Organization	
E-mail/Phone	
2. Name	
Organization	
E-Mail/Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern with MMCC, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

For inquiries regarding internship applications please e-mail lori.dodson1@maryland.gov