

Maryland Emergency Management Agency Emergency Management Mentorship Experience (EMME)



EMME Program Application

Name:	
Home Address:	
Academic Institution:	
Degree Program:	GPA:
Expected Date of Graduation:	
Major/Course of Study:	
Local Address:	
Home Telephone:	Mobile Telephone:
E-mail Address:	
Internship Start Date:	Internship End Date:
Expected Hours/Week:	
Work Restrictions:	
Do you plan on receiving academic cred	lit for this internship?
If so, how many credits?	
If so, what are the requirements?	
Faculty Advisor:	Advisor Phone:
Advisor E-mail:	

Signature:	Date:
Printed Name:	
Submit completed application packages to:	Maryland Emergency Management Agency 5401 Rue Saint Lo Drive Reisterstown, MD 21136 Attn: M. Josephina A. Fogell internship.mema@maryland.gov or 410-517-3627
It is highly recommended that you also inclu Unofficial transcript	ude:
 A complete application package must include A completed application form A cover letter and resume At least two academic/professional least one, and up to three, writing 	
Briefly describe any specific areas of interestinternship with the Maryland Emergency M	st you would like to gain experience in during an anagement Agency.
Briefly describe your career aspirations.	
Briefly describe your work/volunteer experi	ience regarding emergency management.
Briefly describe your academic experience i	regarding emergency management.