



Intern Application

Applicant Demographics

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Available Internship Hours: _____

Do you require any special accommodations during the duration of your internship? YES NO

If yes, please explain here: _____

Have you been terminated from any previous practicums? YES NO

Are you physically able to lift over 50 lbs? YES NO

Do you have a valid driver's license & valid car insurance? YES NO

Are you or do you plan to be fully vaccinated for COVID-19? YES NO

Are you over the age of 21? YES NO

Do you have a reliable form of communication (i.e., personal cell phone?) YES NO

Do you have a reliable form of transportation (i.e., personal vehicle)? YES NO

Are you physically able to stand for long periods of time? YES NO

Education/Professional Experience

Degree(s) obtained (including schools & graduation years): _____

Current study (including school & expected graduation): _____

Are you in Concentration or Foundation year? _____

Certifications/Specialties: _____

Professional Experience within Human Services field: _____

Methods of Intervention: _____

Practicum Placement Specialist (name): _____

Contact #: _____ Email: _____

Emergency Contact

Please list one emergency contact for yourself

Full Name: _____ Relationship: _____

Phone: _____

References

Please list two professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to internship/practicum, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PLEASE ATTACH RESUME + COVER LETTER