



Application For Internship

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Your Community Partner for Responsive, Effective and Affordable Care!

Applicant Information

Date: _____
Last Name: _____ First Name: _____ M.I. _____
Home Address:
Street: _____ Telephone #: _____
City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____
Street: _____ Telephone #: _____
City: _____ State: _____ Zip: _____

School Information

School Name: _____
Street: _____ Telephone #: _____
City: _____ State: _____ Zip: _____
Major: _____ Minor: _____
Year in School: _____ Grade Average: _____
Expected Date of Graduation: _____
Advisor: _____

What are your objectives for participating in an internship program?

Experience/Training

Present and Past Work Experience (Include Paid and Volunteer):

Employer	Dates of Service	Description of Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other skills or special training:

Other

Do you speak and understand any foreign languages? Yes No

Please List: _____

When are you available to start an internship program? _____

What days/hours are you willing to work? _____

Do you have a driver's license and use of a car? Yes No License Only

Signature

Date