



APPLICATION FOR INTERNSHIP

Date: _____

Student Information			
Name: Optional: Preferred Pronouns:		Email:	
Address:		Apartment/Unit #:	
City:	State:	Zip:	Phone:
Emergency Contact Name:		Emergency Contact Phone:	

Current School Information	
Name of school and Program:	
Degree Type: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	If Graduate: <input type="checkbox"/> Clinical <input type="checkbox"/> Macro Placement for: <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> Doctoral
Seeking an Internship for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	If Undergraduate: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
School Advisor:	Phone:

Please describe any relevant experience you have had in the social service field.

How would you like to get involved as an intern? What role do you see yourself taking?

Which programs/departments are of interest to you, considering type, services, age, population etc?

Please list relevant logistical details (i.e., you need a T-accessible program/have a car, schedule needs etc).