



### Personal Information

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver's License Number & State \_\_\_\_\_

Email Address \_\_\_\_\_

### School Information

School \_\_\_\_\_ Degree Type \_\_\_\_\_ Major \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ Number of Hours Required \_\_\_\_\_

### Availability

Please list times and include evenings if available, as we do have support groups after business hours.

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_

**What would you like to gain from this internship?**

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**What made you consider this agency for your internship?**

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### References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Do you agree to a background check? \_\_\_ Yes \_\_\_ No**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_