Intern Applicant Information

Last Name	First	Date
Street Address		
City	State	Zip
Phone Number:	Email Address:	
How did you hear about Haven's Internship program?		

Availability

Please check applicable semesters and provide year:

☐ Fall ☐ Spring ☐ Summer   Year of Term:_____

Days and Hours Available:_____

Anticipated start date:_____

Areas of Interest

Please indicate which area interests you:

☐ Clinical Case Management   ☐ Spiritual Services   ☐ Grant Writing   ☐ HR

☐ Recreational Activities   ☐ External Relations (PR)   ☐ IT   ☐ Administration

☐ Development(Fundraising)   ☐ Intake and Outreach   Finance

☐ Other, please explain: _____

Experience and Skills

Current employment status: ☐ Full-time ☐ Part-time ☐ Not Employed ☐ Student Only

Current or most recent position held:

Do you speak any other languages?	If yes, please list language(s):_____
☐ Yes ☐ No	☐ Fluent ☐ Semi-Fluent ☐ Basic

Computer Skills/Software Used:

Education Information

Level: ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

Are you currently a full-time student? ☐ Yes ☐ No

School and Concentration:_____

Personal Information

Why are you interested in an internship at Haven?

What do you expect to gain from this internship?

Does your internship require a supervisor with a specific license? ☐ Yes ☐ No

If yes, what license:

Describe your long-term career goals:

Community work may be part of the internship. This would require travel.

Do you have a Valid Driver's License? ☐ Yes ☐ No

Do you have your own transportation? ☐ Yes ☐ No

Professional References

Name:	Relationship:	Email and Phone Number:
1.		
2.		
3.		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:	Date: