



Intern Applicant Information				
Last Name		First Name		Date
Street Address				
City		State	Zip	
Phone		Email Address		
How did you hear about Haven's Internship Program?				
Availability				
Please check applicable semesters and provide year: Fall 20____ Spring 20____ Summer 20____				
Days and Hours Available: _____				
Anticipated Start Date _____ Completion Date: _____				
Areas of Interest				
Case Management		Communications/Development		Life Safety
Client Services		Intake		Spiritual Services
Clinical Services		Jail Outreach		Veterans
Other, please explain _____				
Experience and Skills				
Current Employment Status: Full-time Part-time Not Employed Student Only				
Do you speak any other languages?		If yes, please list language(s): _____		
Yes No		Fluent Semi-fluent Basic		
Computer Skills/Software Used:				

Education Information

University: _____ Anticipated Graduation Date: _____
Degree: _____ School Contact Name _____
School Contact's Email or Phone: _____
Does your internship require a supervisor with a specific license? Yes No
If yes, what license: _____

Personal Information

Why are you interested in an internship at Haven?

What do you expect to gain from this internship?

Describe your long-term career goals:

Do you have a valid driver's license? Yes No
Do you have your own transportation? Yes No

Professional References

Name:	Relationship:	Email and/or 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 termination of my internship at Haven for Hope of Bexar County.

Signature: _____ Date: _____