



Helping people change direction.

Internship Application

Your Contact Information

Name: _____ Today's Date: _____ Are you over the age of 18? Y N

Mailing Address: _____

Home Ph #: _____ Cell Ph #: _____

Email: _____

Your Interest

Please order your preferences with 1 being the highest and omit areas in which you are not interested:

Alcohol and Drug

Family Violence/ Mental Health

Education

Housing

Research/Evaluation

School Information

School Name: _____ Location / Branch: _____

Field / Intern Coordinator Name: _____ Phone #: _____

Coordinator's Mailing Address: _____

Coordinator's Email: _____ Coordinator's Title: _____

Degree Level, Program & Major/Focus: _____ In terms of credits, how far along are you in your program?: _____ credits completed of _____ Total

Internship hours to be completed with OneEighty: _____

Anticipated Internship

Start Date: _____ End Date: _____ Graduation Date: _____

Internships required by your program: _____ Which Internship is this for you? _____

What credentials does your program require of your Supervisor? _____

Any other specific requirements of your internship experience or your Supervision? _____

What is your timeframe for securing an internship? (ie What is your school's deadline?) _____

Additional Information

Please provide brief answers in the space provided below the question.

1. Why have you chosen OneEighty as your internship venue?

--

2. What skills do you possess that can enhance your internship experience with our agency?

--

3. What skills are you hoping to gain from your internship experience?

--

4. What are your post-internship plans? Where do you see yourself long-term?

--

5. Have you been convicted of a crime in the past 5 years? Yes No

If yes, explain (use a separate piece of paper, if necessary)

Weekly Schedule

6. Will you also be employed during the internship? _____

7. If Yes, # hours per week? _____

8. If Yes, what type of work would you be doing? _____

9. In the table below, indicate what your schedule will be when you begin your internship. Indicate your availability to be on-site Mon-Fri.

We are not asking you to be on-site all of the hours you indicate are “available,” but need to know your maximum flexibility because this would be used to begin planning to match you with a Clinical Supervisor, to match you with a group experience, etc.

Please note if you have any preferences. Also note any timeframes, like “Tue – not available until after 9/30, then will be available 6pm-9pm.”

NOTE: If unsure what your schedule will be when you begin your internship, please indicate what you do know about your future schedule at this point.

Day	I am available to be on-site these hours:
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

References

Please list three professional or academic references:

- a. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____
- b. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____
- c. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____

In case of an emergency, please notify:

Name: _____
Relationship to you: _____
Phone: _____ Alternate Phone: _____
Address: _____

Upon Acceptance

I understand that if I am offered and I accept an internship with OneEighty, Inc., then I will be required to:

1. consent to be fingerprinted and pass a Bureau of Criminal Identification and Investigation Background Check*
2. consent to and pass a test for illegal drug use
3. complete the onboarding process with Human Resources

Verification

By submitting this application to OneEighty, Inc, I am hereby stating that all the above information is current, valid and correct to the best of my knowledge. I understand that I will not be paid during the internship and OneEighty is not required or expected to offer me a job at the conclusion of the training period.

Signature

Date