



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 I may not currently receive clinical services at OneEighty. I also acknowledge if I'm in recovery I must have two year of continuous sobriety to complete an internship at OneEighty. 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