



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:			
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year of Term: _____			
Days and Hours Available: _____			
Anticipated start date: _____			
Areas of Interest			
Please indicate which area interests you:			
<input type="checkbox"/> Clinical Case Management <input type="checkbox"/> Spiritual Services <input type="checkbox"/> Grant Writing <input type="checkbox"/> HR			
<input type="checkbox"/> Recreational Activities <input type="checkbox"/> External Relations (PR) <input type="checkbox"/> IT <input type="checkbox"/> Administration			
<input type="checkbox"/> Development (Fundraising) <input type="checkbox"/> Intake and Outreach <input type="checkbox"/> Finance			
<input type="checkbox"/> Other, please explain: _____			
Experience and Skills			
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed <input type="checkbox"/> Student Only			
Current or most recent position held:			
Do you speak any other languages?		If yes, please list language(s): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> 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: