



**INTERNSHIP APPLICATION
FORM**

Intended Semester of Internship: ___Summer ___Fall ___Spring / Year ___

Name: _____
(First) (Middle Initial) (Last)

College/University you are attending: _____

Degree Program _____ Year in School/Program _____

School Address: _____

Permanent Address: _____

School Phone: (____) _____ Home Phone: (____) _____
Cell Phone: (____) _____ E-mail address: _____

Education:

<u>Type of School</u>	<u>Name and Location</u>	<u>Degree/Date</u>	<u>Major</u>
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or licenses: _____

Employment History:

Most Recent Employer: _____ Phone: (____) _____

Employer Address: _____

Supervisor (Name and Title): _____

Position Title: _____ Start/End Date: _____

Description of Duties: _____

Employer: _____ Phone: (____) _____

Employer Address: _____

Supervisor (Name and Title): _____

Position Title: _____ Start/End Date: _____

Description of Duties: _____

Volunteer Work:

Please list your previous volunteer work: _____

Please list your current community activities (clubs, religious, fraternal and civic organizations):

How would this internship complement your academic studies? What are your learning objectives?

How did you learn about Heart Haven OutReach?

References:

Please list name, complete address, zip code and telephone of three references, over the age of 21 and not a family member.

Name	Address/Zip	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from Heart Haven OutReach, and I am willing to undergo a background check. I agree to signing a Heart Haven OutReach Confidentiality Agreement. I also agree to refer any inquiries regarding Heart Haven OutReach, it's programs, participants, sponsors or donors to the Executive Director or staff of Heart Haven OutReach. I understand that my application and all information contained herein will be held in strict confidence by Heart Haven OutReach and will not be released to any outside party without applicant's consent:

Signature

Print Name

Date

To avoid delay in processing your application, please be sure complete information is provided.
Please return this form with a copy of your resume and at least one letter of recommendation to:

Heart Haven OutReach, 201 Canterbury Lane, Suite C, Bolingbrook, IL 60440 Fax: 630-226-8507
or e-mail digital copy to: rlawrence@hearthavenoutreach.org

