



INTERN APPLICATION

PERSONAL INFORMATION

Name:		
Address:	City:	Zip:
Cell Phone:	Alternate Phone:	
Email:		
University:		
Discipline:		
<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Master's Student	<input type="checkbox"/> Ph.D. Student
Total hours needed:	Direct Hours:	Indirect Hours:
Other requirements for your program:		

SKILLS

SKILL SET	COMFORT LEVEL			
	NONE	LOW	MEDIUM	HIGH
Speak Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and interact with infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide education to parents regarding infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and interact with toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide education to parents regarding toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and interact with school age children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide education to parents regarding school age children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and interact with teens and pre-teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide education to parents regarding teens and pre-teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			

OTHER				
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EMPLOYMENT HISTORY: *List up to 3 including paid, volunteer and intern positions*

Employer:	
Address:	
Telephone Number:	
Position Title:	
Start Date:	End Date:
Reason for Leaving:	
Description of Duties & Skills Learned:	
Employer:	
Address:	
Telephone Number:	
Position Title:	
Start Date:	End Date:
Reason for Leaving:	
Description of Duties & Skills Learned:	
Employer:	
Address:	
Telephone Number:	
Position Title:	
Start Date:	End Date:
Reason for Leaving:	
Description of Duties & Skills Learned:	

Applicant Signature

Date