



Internship Application Form

This Internship is unpaid; class credit is available pending school approval

Name:

Gender:

Cell Phone:

Address:

E-mail:

School:

Grade Level:

Semester applying for internship:

Start Date:

End Date:

Degree/ Major:

Total hours needed to complete internship:

Internship Supervisor:

Supervisor's email:

Emergency Contact

Name:

Relationship:

Cell Phone:

Availability (please circle all that apply):

Weekdays

Weekends

Evenings

Special Events

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

What languages do you speak fluently?

What would you like to learn from your internship experience?:

Have you ever been convicted of a crime? (You may omit minor traffic offenses and misdemeanors for which probation was completed and the case judicially dismissed)

If yes, please explain:

Note: A check of the volunteer applicant's criminal history will be made to verify the responses to the above questions.

References:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and intern status may be terminated at any time. In consideration of my intern application, I agree to adhere to the policies and regulations of Healthy Futures of Texas, and I agree that my intern status can be terminated, with or without cause, and with or without notice, at any time by Healthy Futures of Texas.

Signature: _____ Date: _____