



Date: _____

INTERN APPLICATION FORM

I am applying for: _____ Winter _____ Spring _____ Summer _____ Fall

Recovery Ministry Intern _____ or Case Manager Intern _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

EDUCATION

Name and location of college/university: _____

Dates attended: _____ Last year completed: _____

Major and Minor Course of Study: _____

I hope to receive college credit for this internship: _____ Yes _____ No

Dates available: Start Date _____ End Date _____

Please attach and submit your resume with this application.

Please describe what you hope to gain from this internship:

I certify that all the information submitted by me on this application and the accompanying documents is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am an intern at His Way, my internship may be terminated at any time. In consideration of my internship, I agree to conform to His Way's rules and regulations. I understand my internship is non-paid.

Signature of Applicant _____ Date _____