



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 \_\_\_\_\_