



Prevention Internship Application

All information on this form will be kept confidential. Please respond as accurately as possible. If a question does not apply to you, write N/A. Thank you.

Name: _____

Address: _____

Phone : _____ (Home) _____ (Cell)

Email: _____

Emergency Contact: _____ Phone: _____

Date of Birth: ____/____/____

Date of Application: ____/____/____

Name of college/university attending: _____

Grade: Freshman Sophomore Junior Senior Graduate Student

Major: _____

Credits/Hours needed for internship: _____ Term (list dates): _____

Advisor: _____ Email: _____

Do you have a valid driver's license? Yes No

Do you have access to a vehicle? Yes No

How did you hear about our internship opportunities? _____

Interns that provide direct service to clients must complete the 40-hour online training as a prerequisite. Is there anything that may interfere with your ability to complete the training in a timely manner if offered an internship?

What are the requirements of your internship? _____

What are your expectations as an intern? _____

What skills or special training have you completed? _____

List three references (non-relatives) we may contact in order to complete the application process. Include the address, phone number, and relationship to you.

1. _____

2. _____

3. _____

Do you understand the importance of confidentiality and will you be able to maintain complete confidentiality? Yes No

By my signature, I authorize SAFE of Columbia County to contact the above references to complete my application.

Signature: _____ Date: _____

