

**VALLEY YOUTH HOUSE
INTERNSHIP APPLICATION**

NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: (SCHOOL) _____

(PERMANENT) _____

TELEPHONE: (_____) _____ (_____) _____

EMAIL ADDRESS: _____

EDUCATION:

SCHOOL: _____ MAJOR: _____

ADDRESS: _____ ADVISOR: _____

CURRENT LEVEL JR: SR 1ST YR GRAD 2ND YR GRAD OTHER

OTHER COLLEGES ATTENDED:

NAME	DATES OF ATTENDANCE	MAJOR	GRADUATED	
			YES	NO

INTERNSHIP:

AREA OF INTEREST: CLINICAL COUNSELING _____ ADMINISTRATION _____

PROGRAM: _____

LENGTH: ONE TERM _____ TWO TERMS _____ THREE TERMS _____

OTHER: _____

NUMBER HOURS/WEEK: _____ (NOTE: MINIMUM OF TWELVE HOURS/WEEK)

DATES: BEGIN: _____ END: _____

DRIVING HISTORY:

DRIVER'S LICENSE NUMBER: _____ DO YOU HAVE ACCESS TO A VEHICLE: ? _____

LENGTH OF TIME DRIVING: _____

ACCIDENT HISTORY (INCLUDE DATES):

SOCIAL SERVICE WORK HISTORY, PRIOR INTERNSHIPS OR VOLUNTEER EXPERIENCES (INCLUDE WHERE, WHEN, SUPERVISOR'S NAME AND DESCRIPTION OF RESPONSIBILITIES)