

HOME LIFE, INC.
INTERNSHIP APPLICATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____ HOME PHONE NUMBER: _____

ADDRESS: _____ MESSAGE PHONE: _____

Email _____

PREFERENCES FOR WHAT YOU WOULD LIKE TO DO:

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO YOU HAVE A PERSONAL VEHICLE? YES NO

DO YOU HAVE A GOOD DRIVING RECORD? YES NO

DESCRIBE ANY EXPERIENCE THAT YOU HAVE WORKING WITH DEVELOPMENTAL DISABILITIES OR MENTAL ILLNESS:

ARE YOU WANTING TO GAIN EXPERIENCE WORKING WITH INDIVIDUALS WITH DISABILITIES? IF YES, WHAT KIND?

EDUCATION RECORD

HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE? YES NO IF NO, HAVE YOU COMPLETED A GED? YES NO

COLLEGE ATTENDED: _____

DID YOU GRADUATE? YES NO IF NO, WHAT YEAR ARE YOU CURRENTLY WORKING ON?

FROSH SOPH JR SR GRAD SCHOOL MAJOR: _____

PLEASE LIST ALL CERTIFICATES OR LICENSES THAT YOU HAVE EARNED INCLUDING CPR AND FIRST AID.

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HISTORY

PLEASE LIST CURRENT AND/OR YOUR LAST THREE WORK & / OR INTERN POSITIONS.

1. NAME AND ADDRESS OF AGENCY: _____

MAY WE CONTACT THIS AGENCY? YES NO

NAME OF IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

DATE STARTED: _____ DATE ENDED: _____ AVERAGE HRS/WEEK _____

WHAT WERE YOUR DUTIES? BE SPECIFIC _____

WHY DID YOU LEAVE? _____

2. NAME AND ADDRESS OF AGENCY: _____

MAY WE CONTACT THIS AGENCY? YES NO

NAME OF IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

DATE STARTED: _____ DATE ENDED: _____ AVERAGE HRS/WEEK _____

WHAT WERE YOUR DUTIES? BE SPECIFIC _____

WHY DID YOU LEAVE? _____

3. NAME AND ADDRESS OF AGENCY: _____

MAY WE CONTACT THIS AGENCY? YES NO

NAME OF IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

DATE STARTED: _____ DATE ENDED: _____ AVERAGE HRS/WEEK _____

WHAT WERE YOUR DUTIES? BE SPECIFIC _____

WHY DID YOU LEAVE? _____

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OTHER INFORMATION

WHY DO YOU WANT TO DO AN INTERNSHIP HERE? _____

WHAT KIND OF INTERNSHIP EXPERIENCE DO YOU WANT TO DO THE MOST? MORE 1:1 INTERACTIONS OR GROUP? _____

WHAT INTERNSHIP EXPERIENCES HAVE YOU ENJOYED THE MOST AND WHY? _____

WHAT ARE YOUR HOBBIES AND INTERESTS? _____

HOW DID YOU HEAR ABOUT US? _____

WHAT PROMPTED YOU WANT TO DO AN INTERNSHIP HERE AT HOME LIFE? _____

PERSONAL REFERENCES

(PLEASE DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES.)

NAME AND OCCUPATION	PHONE NUMBER(S)	BEST TIME TO CALL	YEARS KNOWN?
1.	HOME		
	WORK		
2.	HOME		
	WORK		
3.	HOME		
	WORK		

INTERN PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge. I FURTHER UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION CAN BE CONSIDERED SUFFICIENT GROUNDS FOR DISMISSAL.

As part of my internship application at Home Life, Inc., I hereby consent to and authorize the release of any and all information to Home Life, Inc. which may be considered in evaluating my qualifications for the internship. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.

I further authorize Home Life, Inc. to reproduce this release to attach to reference requests.

SIGNATURE OF INTERN _____ DATE _____

