

### Internship Application

Please choose a program: Administration Clinical Services Supportive Services Other (Specify)

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applying for which Internship position: \_\_\_\_\_

Are you a citizen of the United States? YES NO *If no, are you authorized to work in the U.S.?* YES NO

Have you ever worked for this organization? YES NO *If yes, when?* \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 YES NO

From: \_\_\_\_\_ To: \_\_\_\_\_ *Did you graduate?* \_\_\_\_\_ *Diploma:* \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 YES NO

From: \_\_\_\_\_ To: \_\_\_\_\_ *Did you graduate?* \_\_\_\_\_ *Degree:* \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ *Did you graduate?* \_\_\_\_\_ *Degree:* \_\_\_\_\_

\_\_\_\_\_

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Availability**

**Availability:** Please tell us the hours you are available to intern.

	Mon	Tues	Wed	Thu	Fri
<b>Morning</b>					
<b>Afternoon</b>					
<b>Evening</b>					

How long can you commit to interning?  One time  Occasionally  3-6 months

6 months or more  Other \_\_\_\_\_

Date you can begin service: \_\_\_\_\_

**Questionnaire**

- Briefly describe why you would like to do an internship at Affinity Health Center. Please include specific objectives and expected benefits for the internship program.

2. Who is your present college or institution affiliation? \_\_\_\_\_
3. What year are you currently in at your college institution? \_\_\_\_\_
4. What is your current internship session:    Fall        Spring        Summer        Winter    Hours per week \_\_\_\_\_?
5. What is your targeted start date \_\_\_\_\_ End date \_\_\_\_\_ Total # of weeks \_\_\_\_\_?
6. What is your declared Major/Concentration/Program at your college institution? \_\_\_\_\_
7. Please provide your number of credits earning up to date? \_\_\_\_\_
8. What degree or certificate are you expecting to receive from your college institution?  
Certificate \_\_\_\_\_ Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_
9. When is your anticipated graduation or completion date (Month/Year) \_\_\_\_\_?
10. Please define the required supervision for your internship (ex. MSW, BSW, RN, MD, etc.)

\*Thank you for completing the application for consideration of doing an internship at Affinity Health Center. Please also attach the internship expectations from your school for this program.

**\*Affinity Health Center Vaccination Policy:** All health care personnel, including interns, are required to be immunized against COVID-19 and Influenza, and screened for Tuberculosis as a condition of internship, unless provided with an approved medical or religious exemption. Affinity Health Center defines immunization against COVID-19 as having received two doses of the Pfizer or Moderna, or a single dose of the Johnson & Johnson vaccine against COVID-19.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to internship, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Affinity Health Center is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry age, sex, marital status, national origin, disability or handicap, genetic information, or veteran status. All statements, questions, and requested information must be completed. Please return the completed form to Human Resources via email ([hr@affinityhealthcenter.org](mailto:hr@affinityhealthcenter.org)) or if you need a reasonable accommodation call (803-909-9757).*