



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

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:

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

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:

High School: *Address:*

YES NO

From:	To:	Did you graduate?	Diploma:

College: Address:

YES NO

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

Other: *Address:*

YES NO

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
Morning					
Afternoon					
Evening					

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.) _____
11. Describe what diversity, equity and inclusion means to you. _____

*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) or if you need a reasonable accommodation call (803-909-9757).