



Student Internship Application

Area 2 Agency on Aging

1151 S. Michigan St., P.O. Box 1835, South Bend, IN 46634, Phone: 574-284-2644, Fax: 574-284-7192

Date: _____

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
Last Name First Name Middle Name / Initial

Address: _____
Street & Number City State Zip Code

Phone: _____ Email Address (Optional): _____
Best way to contact you / best time to call

Emergency Contact: _____
Name Phone Relationship

ACADEMIC INFORMATION:

College or University Attending: _____ Major: _____

Current Status: _____ Expected Date/Semester of Graduation: _____
Under Grad, Grad, Year, etc

Semester Applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Type of Internship Applying for: <input type="checkbox"/> Academic Credit <input type="checkbox"/> Paid by Agency <input type="checkbox"/> Paid by School
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Time Needed (If Applicable): _____ Expected Internship Completion Date: _____
Hour(s), Semester(s) Date/Semester, Month

Please indicate below, in order of interest or importance, which Internship opportunities you are interested in, or are necessary for you to complete your degree:

<input type="checkbox"/> Nursing Home Resident Advocate (Ombudsman Intern)	<input type="checkbox"/> Case Management Intern
<input type="checkbox"/> Client Care Advocate (Guardianship Intern)	<input type="checkbox"/> Clerical (Data Entry) Intern
<input type="checkbox"/> LINK-AGE/Aging & Disability Resource Center Intern	<input type="checkbox"/> Other:

Other opportunities could be developed to meet Interns educational needs

Please note any Special Skills you have which may be utilized at this Agency: _____

County(ies) available to work in: Elkhart Kosciusko LaPorte Marshall St. Joseph

Please list any language(s), other than English, that you can speak or understand (including sign language): _____

Please indicate if your schedule can be flexible, or must be more specific to day & time: I am Flexible

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

Is your transportation reliable? Yes No (You will not be expected to transport clients, but will need to be at necessary appointments.)

If No, explain how you will have reliable transportation available: _____

Have you ever been convicted of a felony or misdemeanor? Yes No If Yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), how recently offence(s) was/were committed, sentence(s) imposed, and types of rehabilitation: _____

REFERENCES (1) - Please list the contact information for the professor recommending you:

Name:	Email:		
Department:	Years Acquainted:	Phone: ()	

REFERENCES (2) - Please list the names of three (3) persons not related to you:

Name:	Address:		
Relationship:	Years Acquainted:	Phone: ()	

Name:	Address:		
Relationship:	Years Acquainted:	Phone: ()	

Name:	Address:		
Relationship:	Years Acquainted:	Phone: ()	

I acknowledge and agree that all information provided herein is accurate and true and hereby authorize the Area 2 Agency on Aging / REAL Services, Inc. to verify such information, contact references and conduct a criminal background check. I understand that a false or incomplete answer may be grounds for not considering me, or for my dismissal. I understand that, unless arrangements are made specific to the Internship, I will not be paid for my services during the Internship. I have read and understand the above statements.

Student Intern Applicant Signature: _____ Date: _____

*** * STUDENT INTERNSHIP PROGRAM OFFICE USE ONLY * ***

<input type="checkbox"/> Intern Application Completed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reference Checks	How Intern heard about us:	
<input type="checkbox"/> Background Check	<input type="checkbox"/> Handbook / Policies Provided	<input type="checkbox"/> Agency Website	<input type="checkbox"/> Agency Brochure
<input type="checkbox"/> Confidentiality Agreement Signed	<input type="checkbox"/> Badge Provided	<input type="checkbox"/> School Internship Program	
Program Assignment(s): _____		<input type="checkbox"/> School Career Placement Program	
Comments: _____		<input type="checkbox"/> Professor	<input type="checkbox"/> Other