



## STUDENT INTERNSHIP APPLICATION

### Student Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Language(s) spoken  
\_\_\_\_\_

### Education

Complete name of institution \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_

Type of degree pursuing \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

When would you like to do your internship?  
\_\_\_\_\_

Approximate length of internship (desired number of hours to be completed):  
\_\_\_\_\_

In what area or discipline would you like your internship?  
\_\_\_\_\_  
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Why are you interested in this internship? What about Allies In Caring attracted you? Why us?

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What would make your experience with us valuable? What do you want to learn from this internship?

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What are the skills and experience you'd like to contribute to Allies in Caring?

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What makes you unique from other candidates? What qualities do you think will make one successful in this internship?

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What type of job-related skills have you developed that may help you in this internship?

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Why do you think you are qualified for this position?

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What type of work environment do you prefer?

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Describe a time where you disagreed with a supervisor, and how the situation was resolved.

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Describe a situation in which someone critiqued your work, and how you responded.

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Give us example of a project where you worked under minimal supervision.

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***Internships will be UNPAID. If you apply for a paid internship you will need to show suitable education and work experience in mental and behavioral health.***

***I agree to the terms and conditions***

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to intern for Allies In Caring, Inc.

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Your Signature

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Date