

**West Alabama Mental Health Center
Internship Application**

Applicant Information		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about our internship program?		

Availability							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 8-12)							
Afternoon (approx. 1-5)							
Evening (approx. 4-8)							

Areas of Interest
Please indicate which area interests you:
<input type="checkbox"/> Mental Illness <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Outpatient <input type="checkbox"/> Prevention <input type="checkbox"/> Residential <input type="checkbox"/> Day Program <input type="checkbox"/> Other, please explain: _____

Submit the following with application: _____Resume Letters of Reference(2) ____ ____
 _____College/University Requirements

Applicant Name: _____ Date: _____

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held

Are you currently a full-time student?
 Yes No

If yes, please indicate school and concentration:

Level
 Freshmen Sophomore Junior
 Senior Graduate student

Areas of study:

Do you speak any other languages?
 Yes No

If yes, please list language
 Fluent Semi-Fluent Basic

Computer Skills/Software Used:

Personal Information

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Professional References

Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date: