

THE METHODIST HOME FOR CHILDREN AND YOUTH INTERNSHIP APPLICATION

Date of Application			Dates of Internship	
Last Name	First Name	Middle Name	Home Telephone Number	
Street Address			Business Telephone Number	
City	State	Zip Code	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referring College/University:

- Mercer University
- Georgia College and State University
- Wesleyan College
- Macon State College
- Valdosta State University
- Georgia Southwestern University
- Columbus State University
- Other please specify: _____

Type of Internship:

- Full time internship(40 hours/week)
- Part time internship
- Specify number of hours per week _____

Concentration Area of Internship/Major:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Psychology <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Sociology <input type="checkbox"/> Social Work <input type="checkbox"/> Computer Science <input type="checkbox"/> Other, Please Specify, _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Marriage and Family Therapy <input type="checkbox"/> Administration <input type="checkbox"/> Marketing/Public Relations |
|--|--|

EDUCATION:				
School	Name and Location	Course of Study	Year Graduated	Degree or Diploma
High School				
Business / Trade School				
College / University				
Graduate School				

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PREVIOUS INTERNSHIP EXPERIENCE: (List agency, dates and describe duties)

Please answer the following questions briefly.

- 1. What are your areas of interest in your major?

- 2. What client populations are of particular interest to you? Explain.

- 3. What would you like to accomplish in your Internship experience?

- 4. Are there any social issues that you do not feel comfortable in addressing?

Signature

Date

FOR METHODIST HOME USE ONLY:

- Background check completed
- Confidentiality statement signed
- Abuse statement signed
- Objectives/Goal Sheet completed
- Orientation Completed
- CALM Training completed