

Liberty Center Connections

building healthy and peaceful families and communities



Every Woman's House
ending violence and creating peace



STEPS at Liberty Center
substance abuse treatment, education & prevention services

Internship Application (Revised 5/2014)

This form is a Word document. To type into it, click in the cell & type.

Your Contact Information

Name: _____ Today's Date: _____ Are you over the age of 18? Y N

Mailing Address: _____

Home Ph #: _____ Cell Ph #: _____

Email: _____

Your Interest

Please order your preferences with 1 being the highest and omit areas in which you are not interested:

Alcohol and Drug	Family Violence/ Mental Health	Education
Housing	Research/Evaluation	

School Information

School Name: _____ Location / Branch: _____

Field / Intern Coordinator Name: _____ Phone #: _____

Coordinator's Mailing Address: _____

Coordinator's Email: _____ Coordinator's Title: _____

Degree Level, Program & Major/Focus: _____ In terms of credits, how far along are you in your program?: _____ credits completed of ___ Total

Internship hours to be completed with LCC: _____

Anticipated Internship

Start Date: _____ End Date: _____ Graduation Date: _____

Internships required by your program: _____ Which Internship is this for you? _____

What credentials does your program require of your Supervisor? _____

Any other specific requirements of your internship experience or your Supervision? _____

What is your timeframe for securing an internship? (ie What is your school's deadline?) _____

Additional Information

Please provide brief answers in the space provided below the question.

1. Why have you chosen LCC as your internship venue?

2. What skills do you possess that can enhance your internship experience with our agency?

3. What skills are you hoping to gain from your internship experience?

4. What are your post-internship plans? Where do you see yourself long-term?

5. Have you been convicted of a crime in the past 5 years? Yes No

If yes, explain (use a separate piece of paper, if necessary)

Weekly Schedule

6. Will you also be employed during the internship? _____
7. If Yes, # hours per week? _____
8. If Yes, what type of work would you be doing? _____

9. In the table below, indicate what your schedule will be when you begin your internship. Indicate your availability to be on-site Mon-Fri.

We are not asking you to be on-site all of the hours you indicate are “available,” but need to know your maximum flexibility because this would be used to begin planning to match you with a Clinical Supervisor, to match you with a group experience, etc.

Please note if you have any preferences. Also note any timeframes, like “Tue – not available until after 9/30, then will be available 6pm-9pm.”

NOTE: If unsure what your schedule will be when you begin your internship, please indicate what you do know about your future schedule at this point.

Day	I am available to be on-site these hours:
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

References

Please list three professional or academic references:

- a. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____
- b. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____
- c. Name/Credentials: _____ Phone: _____
Mailing Address: _____
Relationship to you: _____ Years known: _____

In case of an emergency, please notify:

Name: _____
Relationship to you: _____
Phone: _____ Alternate Phone: _____
Address: _____

Upon Acceptance

I understand that if I am offered and I accept an internship with Liberty Center Connections, Inc., then I will be required to:

1. consent to be fingerprinted and pass a Bureau of Criminal Identification and Investigation Background Check*
2. consent to and pass a test for illegal drug use
3. complete the onboarding process with Human Resources

Verification

By submitting this application to Liberty Center Connections, Inc, I am hereby stating that all the above information is current, valid and correct to the best of my knowledge. I understand that I will not be paid during the internship and LCC is not required or expected to offer me a job at the conclusion of the training period.

Signature

Date