



# NEW HOPE

RECOVERY 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?		If yes please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest		
Please indicate which area interests you:		
<input type="checkbox"/> RDT (Residential Day Treatment)	<input type="checkbox"/> Individual Sessions	<input type="checkbox"/> IOP Intensive Outpatient
<input type="checkbox"/> Medications	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Admissions
<input type="checkbox"/> Utilization Review	<input type="checkbox"/> Family Sessions	<input type="checkbox"/> Assessments
<input type="checkbox"/> Other, please explain: _____		
<input type="checkbox"/> Other, please explain: _____		

<b>Experience/Education and Skills</b>	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

<b>Personal Information – please answer each question with a short essay</b>
Why are you interested in an internship in our organization? (please attached separate page)
What specific experience would you like to gain through this internship? (please attached separate page)
Describe your long-term career goals: (please attached separate page)

<b>Professional References</b>	
Name	Relationship and contact info (e-mail and/or phone number)

<b>Disclaimer and Signature</b>	
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: