



APPLICATION FOR INTERNSHIP PROGRAM

Last Name: _____ First Name: _____

Current Mailing Address: _____

Permanent Mailing Address: _____

Phone: _____ Email: _____

Availability for Internship: _____ to _____
(Semester) (Year) (Semester) (Year)

1. List current/previous health, social service or community volunteer or work experiences and dates:

2. Write and attach to this application a personal statement (500 words maximum) addressing the following three questions. What are your professional and academic goals? What do you expect to gain from this internship? What kinds of learning experiences would you like to have from the internship?

3. List two professional or academic references and their phone numbers and/or email addresses:

i. _____
ii. _____

4. Please attach a current resume and sign below.

I certify that I prepared the information submitted for this application and that it is correct.

Signature Date

Mail or fax Application, Personal Statement and Resume to:
Internship Search Committee, CRHSSD, Southern Illinois University Mailcode 6892, Carbondale, IL 62901
Fax number: 618-453-0252

For more information about the CRHSSD or for an electronic copy of this application go to www.crhssd.siu.edu