



INTERN / PRACTICUM STUDENT APPLICATION

Date:	Student Name:	Phone:	Email Address:
Mailing Address:			

**** Please complete this application in full and attach a cover letter and a copy of your resume.**

EDUCATION		
Current Academic Status:	Current School:	
Department:	Major:	
Academic Advisor	Advisor Email:	Advisor Phone:
INTERNSHIP		
Will you get academic credit for your internship? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Total hours required for internship:	Number of hours of individual supervision required each week of internship:	
Experience (paid and/or volunteer) working with children and families:		
Organization:	Position Held:	
Other special training you have received:		
REFERENCES		
Please provide us with the contact information for at least two (2) references that can attest to your relevant education, experiences, and work ethic. Personal references will not be considered.		
Professional Reference #1:		
Name:	Relationship:	
Phone:	Email:	
Professional Reference #2:		
Name:	Relationship:	
Phone:	Email:	



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Areas of Interest

Which program (s) are you interested in at Vona Center for Mental Health?

At which program location are you available to work? Anoka New Hope Minneapolis

Which session are you available? Fall Spring Summer

What days / times are you available?

Start date:

End date:

Why do you want an internship at Vona Center for Mental Health?

ADDITIONAL INFORMATION

How did you learn about this internship opportunity?

All agencies providing psychotherapeutic services are mandated by law to ask the following:

Has sexual contact ever occurred between you and a client or a former client? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please describe:

**** A satisfactory criminal background check is required for all interns placed within the program.**

All information submitted to Vona Center for Mental Health by me is true to the best of my knowledge. I understand that any misstatement in, or omission from, this application may be cause for dismissal or denial of appointment to an internship or volunteer position. If I receive a placement at Vona Center for Mental Health, I acknowledge that I have a responsibility to act in accordance with Volunteers of America's ethical guidelines, rules and regulations and all applicable laws.

By checking this box and typing my name below I agree to the above statements.

Name:

Date:

VOA is an EEO / AA Employer