

Youth & Family Resource Center, Inc.
Intern Program

Date: _____

PERSONAL INFORMATION:

Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
City/State: Zip:

Phone: _____ Cell: _____

E-Mail: _____

College: _____

Major: _____

Degree: _____

Do you have a car? Yes No Car insurance? Yes No

Name of Insurance Company: _____

INTERNSHIP INFORMATION:

Semester internship begins: Fall Spring Summer

Actual date you can begin internship: _____ Total internship hrs needed: _____

Total hrs of supervision required: _____ Total hrs supervision per week: _____

Credentials required for supervision: LCSW LPC LMFT
Other: _____

Please list the times you are available each week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please provide your internship supervisor's contact information:

Name: _____

College Address: _____

City State Zip

Phone: _____ Cell: _____

E-Mail: _____

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ADDITIONAL INFORMATION:

Do you have experience working with youth? Yes No

Explain: _____

Do you have any training certificates / degrees? (i.e. CPR, Food Handler's, bud driver, etc.)

Is there any type of work you are opposed to doing?

Please explain why you have chosen Youth & Family Resource Center, Inc. for your internship:

Please fax a completed intern interest form and resume to Regan Green – fax 405.275.3343. If you have any questions, please contact Regan Green - regan@hopehouseonline.org or 405.878.9597.

Thank you for your interest in Youth & Family Resource Center, Inc.