#### 

#### Intern Application

##### (Please send resume and cover letter with this application)

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| --- | --- | --- | --- |
| *Please check what applies-*  BSW  MSW  Other | | | Date of Application |
| **All information gathered in this application will be treated with respect and kept confidential.** | | | |
| Last Name First Name Middle Name | | | |
| Address City State Zip | | | |
| Home Phone | | **Emergency Contact:** | |
| Cell Phone | | **Relationship to contact:** | |
| Email | | **Emergency Contact Phone:** | |
| Availability (days and times): Please circle the days and times you are available:  Monday: 8-1230, 12-430  Tuesday: 8-12:30, 12-430  Wednesday: 9-1230, 12-430  Thursday: 8-12:30, 12-430  Friday: 8-1230, 12-430 | | **Additional notes about availability:** | |
| Describe why are you interested in interning at CornerHouse and what you hope to gain as a CornerHouse intern. | | |
|  | | |
| **What relevant skills do you wish to bring to an internship at CornerHouse?** State any additional information you feel may be helpful to us in considering your application. | | |
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| **Please answer the following questions:** | | | | | |
| On what date would you be available to begin? | | |  | | |
| Are you available Wednesday mornings? | | | No  Yes | | |
| How long do you expect to intern with CornerHouse? \*We prefer a 9-month commitment or longer, with a 2-week notice upon ending your commitment\* | | |  | | |
| How did you first learn about CornerHouse? | | |  | | |
| Do you know a child or family who has been involved with CornerHouse Services | | | No  Yes,  Please explain: | | |
| Have you been a client at CornerHouse? | | | No  Yes,  Please explain: | | |
| Do you speak any other languages besides English? | | | No  Yes,  Please list: | | |
| **Education** | | | | |
| **Name of School** **Course of Study** **Years Completed** **Diploma/Degree** | | | | |
|  |  | |  |  |
|  |  | |  |  |

**Current Employer (if any)**

|  |  |  |
| --- | --- | --- |
| **Company** | **Your Job Title** | **Been in this job since** |
|  |  |  |
|  |  |  |

**Please answer following questions:**

|  |  |
| --- | --- |
| **What is the name of your education program and school:** |  |
| **Please list any internship requirements for you program?**  **Ex: Start/end date, # of hours, documentation and type of supervision needed, etc.** |  |

**CornerHouse Internship requirements:**

**Minimum requirements for an internship at CornerHouse:**

* **Bachelors level students 16 hours per week**
* **Masters level students 18 hours per week**
* **At this time we are NOT accepting clinical MSW students ONLY generalist or foundation students**
* **Reliable transportation**
* **Working cell phone**
* **Mandatory Wednesday meetings**
* **Masters level students available Tuesday nights for support group**
* **Bachelors level students available Thursday nights for support group**
* **Available for office hours 8-430 M-F and will have a set schedule**
* **No weekend availability**

**Internship Agreement**

**I verify the accuracy of all information given above. As a requirement of CornerHouse, I agree to give a 9 month commitment and a 2 week notice upon termination of this commitment.**

**Signature Date**

**\*Please send application, resume and cover letter to: Selena.cincotta@childrensmn.org**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

We consider all applicants without regard to race, color, religion, creed, gender, national origin, age,

Disability, marital or veteran status, sexual orientation or other legally protected status.