

**INTERNSHIP APPLICATION FORM**

Full Names (Please Print)		Today's Date:	
Address			
Phone No.:	Cell Phone No.:	Email:	
Internship Position	Weekly Hours	Affiliate	
College/Institution of Study	Major	Year of Study	Professor

1. How/Where did you hear about Seven Hills Foundation's Internship Opportunities?

- Internet     
  Newspaper     
  Employee     
  Relative     
  Other

2. Education level (Please circle last year completed):

- GED     
  High School 9 10 11 12     
  College 1 2 3 4     
  Graduate 1 2 3 4 5

Degrees: \_\_\_\_\_ Area of Study: \_\_\_\_\_

3. Transportation

- a. Do you have a valid driver's license?       Yes       No  
 b. Do you have access to a car?       Yes       No  
 c. Do you have auto insurance?       Yes       No

4. Why do you want to intern at Seven Hills Foundation?

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5. Have you had any experience with individual with disabilities? (Please explain and be specific)

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6. Have you worked/interned before at Seven Hills Foundation or any other Organization?

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7. Please list present/most recent employer where applicable:

_____	_____
<b>Company Name</b>	<b>Job Title</b>
_____	_____
<b>Supervisors Name</b>	<b>Phone</b>
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. What do you hope to learn as an intern at Seven Hills Foundation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What skills/talents can you contribute during your internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Are there any restrictions that might affect your internship assignments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Availability: (Please list times you are available and indicate when you are unavailable)

\_\_\_\_\_

\_\_\_\_\_

12. References: Kindly provide at least one professional (minister, teacher, supervisor, etc.)

Name	Phone/Email	Relation/Capacity	Length
1.			
2.			
3.			

I understand that Seven Hills Foundation is relying upon my answers to the questions in this application and I understand that as part of its responsibility to its consumers, Seven Hills Foundation will investigate my statements made here. I authorize the references listed above to give Seven Hills Foundation information about me, and release from liability Seven Hills Foundation and Affiliates for seeking such information and all other persons, corporations, organizations for furnishing such information.

\_\_\_\_\_  
**Signature/Name**

\_\_\_\_\_  
**Date**