

## Human Services Internship



**Application Student Applicant Information** Name: Current address: State: ZIP Code: City: Phone: **USCB Email:** Internship (I, II, III, or IV) Semester: SPRING Year: 2025 Previous agency experience List your previous human services experience as an intern, volunteer, or agency employee. DATES ROLE **KEY RESPONSIBLITES AGENCY** 1. 2. 3. **Internship Host Site Selection** If you have a specific organization already tentatively arranged or proposed and requesting approval, provide the agency name, supervisor's name, and primary mission or focus of services. Describe your intended internship responsibilities and work plan. Please also indicate if the internship is on-site, virtual, or hybrid (both on-site and virtual). If you are requesting consideration of a second internship at the same agency, you MUST indicate specifically the new role and responsibilities which you will be undertaking and describe in detail how they differ from the previous internship at that site. Name of Agency: Intern's Role and Position Responsibilities (must be specific and detailed): **Location and Supervisor** What city, town, county, and/or state is your internship site located?



## Human Services Internship



Application

Supervisor Name:		
Email Address:		
Degree:		
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Reliable Transportation	I	
Do you have reliable transportation if required? YES	NO 🗌	
Criminal History		
Your internship host organization may ask whether you have ever been convicted of a crime other than minor traffic violations. A 'yes' answer to this question when asked by your host agency will not necessarily bar you from obtaining an internship. The nature, severity, and date of the offense in relation to the position for which you are applying are considered. Many agencies require background checks.		
Signatures		
I authorize the verification of the information provided on this form regarding my previous		
employment. I understand that I will be responsible for fulfilling my internship responsibilities.		
Student Signature:		Date:
Printed Name:		
Approved by Internship Coordinator/Date (You may not register for the course without receiving approval.)		