



Supporting family success in every community.

INTERNSHIP PRE-APPLICATION

Date _____

Name _____

Last First Middle

Address _____

Number Street

City State Zip Code

Phone No. _____

Have you ever served as an Intern at Family Continuity before? _____ No _____ Yes

Date _____

Have you filed an application with Family Continuity before? _____ No _____ Yes

Date _____

How did you hear about us? _____

Do you have a car for use, if the program requires? _____ Yes _____ No

How many hours/week can you commit to? _____

What are your internship program requirements:

What are your internship supervision requirements:

Field placement contact (name, address, phone, email address):

Why did you choose to seek an internship with Family Continuity?

What foreign languages do you speak, read and/or write?

EDUCATIONAL BACKGROUND

Complete the following:

Type of Degree/Area of Study
(AA, BS, MS, MSW/Psy, Couns.)

Name of College/University

Location
