



Intern Application

Personal Information

Date: _____ Male Female

Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Fax: (_____) _____

Home Email: _____ Business Email: _____

Best way to reach you: _____ Best time(s) to reach you: _____

Employment

Current Employer: _____

Street Address: _____ Title/Position: _____

City/State/Zip: _____ Phone: (_____) _____

Education

Name and Location	Date Completed
High School: _____	_____
Technical/Community College: _____	_____
Undergraduate College/University: _____	_____
Graduate College/University: _____	_____

School/College/University Internship Supervisor

Name: _____ Title: _____

Address: _____ Email Address: _____

_____ Telephone: (_____) _____

Emergency Contact

Name: _____ Relationship: _____

Street Address: _____ Home Phone: (_____) _____

City/State/Zip: _____ Business Phone: (_____) _____

_____ Cell Phone: (_____) _____

Internship Request

I am applying for an internship in the _____ program.

Experience/Background

Specify current clubs or organizations you participate in: _____

Please describe your past volunteer internship experience _____

Upon acceptance for an internship, all students are required to participate in Courage Center's volunteer/intern orientation, complete HIPAA, criminal background check and be a student in good standing as documented by their school/college and or university internship supervisor.

By signing below, I give permission for Courage Center to contact the school/college/university internship supervisor for verification that I am a student in good standing and that all information on the application is accurate.

Applicant Signature: _____ Date: _____

Please return completed application to:

COURAGE CENTER – Volunteers
3915 Golden Valley Road
Minneapolis, MN 55422
763.520.0214

How did you learn of Courage Center's Intern Program?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Internet _____ |
| <input type="checkbox"/> Radio, TV _____ | <input type="checkbox"/> Another Courage Center volunteer/intern _____ |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> A Courage Center staff member _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> I am a former client |

FOR OFFICE USE ONLY

Date interviewed: _____	ASSIGNMENT
References mailed: _____	Start date: _____
BCA form submitted: _____	End date: _____
<input type="checkbox"/> HIPAA	Program: _____
<input type="checkbox"/> Liability Insurance	Activity: _____
Orientation date: _____	Supervisor: _____