



## Internship Application

**Date:**

*Placement of applicants at Heartland Alliance is based upon availability and cannot be guaranteed. Applications will be kept on file (one month) in the event that there are no available opportunities.*

### Contact Information

Mr./Ms./Mrs. Last:

First

Middle initial:

Address:

Apt. #:

City:

State:

Zip:

Preferred Phone (include area code):

E-mail:

### How did you hear about Heartland Alliance

- Web site
- Family/Friend
- Employer
- College/University
- Other: \_\_\_\_\_

### What skills do you possess?

- Research
- Legal background
- Journalistic writing
- Clinical licensure
- Language(s) \_\_\_\_\_

### What are your interests? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advocacy              | <input type="checkbox"/> Health care services   | <input type="checkbox"/> Legal Assistance                                    |
| <input type="checkbox"/> Child care            | <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Mental health services                              |
| <input type="checkbox"/> Dentistry             | <input type="checkbox"/> Homeless Adults        | <input type="checkbox"/> Refugees/Immigrants                                 |
| <input type="checkbox"/> Development           | <input type="checkbox"/> Homeless Families      | <input type="checkbox"/> Translation/Interpretation                          |
| <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Homeless Youth         | <input type="checkbox"/> Transportation/Accompaniment<br>(at O'Hare Airport) |
| <input type="checkbox"/> Employment/Job Skills | <input type="checkbox"/> Housing                | <input type="checkbox"/> Tutoring/Mentoring/Teaching                         |
| <input type="checkbox"/> ESL Training          | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Financial Services    | <input type="checkbox"/> International Programs |  |

How long do you plan to intern?

Semester(s)

Quarter

Trimester

How many hours per week?

When can you start?

When would you like to intern? (Please be as specific as possible). Please note: *The majority of internship opportunities at Heartland Alliance take place during normal business hours, Monday – Friday (8:30-5:00).*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Times (required):**

**Dates (required):**

**Professional Experience**

Current profession:

Employer:

Professional licenses (if any):

**Previous Employment Experience**

Employer:

Position:

Employer:

Position:

**Previous Internship/Volunteer Experience**

Nature of work:

Organization:

Phone number:

Dates:

Nature of work:

Organization:

Phone number:

Dates:

**Education (beginning with most recent schooling)**

School:

Major field/degree:

Post Graduate:

Degree:

School:

Major field/degree:

Post Graduate:

Degree:

If you are applying for an internship based on fulfilling a community service responsibility, please list the details of what the program is and what the requirements are for completion:

Are you getting academic credit for this?  Yes  No

If yes, for what class/degree/program?

What type of supervision is required for this program?  
(i.e., MSW, LCSW, etc.)

If this internship is necessary for academic credit, what college or university are you attending?

If you are applying for the internship for academic credit, please list your professor/advisor and their contact information:

What, if any, are the specific requirements for receiving credit (attach documentation if necessary)?

Internships often serve as a precursor to employment in a specific field. What are *your* specific career goals?

Please write 2 to 3 sentences describing more fully your particular interest area.

**References** (list two references that are not related to you)

Name:  
Address:  
Phone number:  
E-Mail:  
Relationship:

Name:  
Address:  
Phone number:  
E-Mail:  
Relationship:

**Emergency contact** (it is very important that you include this information)

Name:  
Relationship:  
Phone number:

By signing this application, I am confirming that to the best of my ability all the information enclosed is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form to Cherrell Jackson, Donor & Community Relations, Heartland Alliance, 208 S. LaSalle St., #1818, Chicago, IL 60604. Thank you for your interest.

<p><b>For internal office use only:</b></p> <p>Selected: Yes / No Program Name: _____</p> <p>Interviewer: _____</p> <p>If hired, agreed state date: _____</p>
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