



Post Graduate Internship Application

INTERNSHIP APPLICANT INFORMATION:

NAME (last, first, middle) _____

Male _____ Female _____

CURRENT ADDRESS _____

CURRENT TELEPHONE (Home) _____ (Cell) _____

EMAIL ADDRESS _____

DATE OF BIRTH ____ / ____ / ____

MARITAL STATUS Single _____ Married _____ Divorced _____

If Married, Spouse's Name: _____

If you have children, list names and ages: _____

EDUCATIONAL BACKGROUND

Undergraduate School _____

Major _____ GPA _____ Date Graduated _____

Graduate School _____

Major _____ GPA _____ Date Graduated _____

Expected Date of Graduation (if you have not yet graduated) _____

PREVIOUS PRACTICUM/INTERNSHIP EXPERIENCES (Graduate and/or Post Graduate Schools)

Practicum and Internship Sites _____

Dates of Practicum and Internship Experiences _____

Areas of Specialization During Internship _____

Helping people
experience
deeper, more
meaningful
relationships
with God
and others

Additional Comments About Practicum/Internship Experience _____

INTERNSHIP SCHEDULE

Days of Week and Times of Day available for Internship: (Indicate anything that would hinder you from performing internship duties between the hours of 8:30am and 5:30pm on Weekdays)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

SPECIAL SKILLS (Bilingual, Computer Skills, Office Skills, Marketing, Planning/Event Mngmt. etc)

PLEASE ANSWER THE FOLLOWING QUESTIONS (use back of paper if necessary)

Why have you chosen to apply for an internship with CRC?
