

Internship Application

Horizon's internships are unpaid. The number of placements is limited and subject to change.

Contact Inform	nation							
Name								
Street Address								
City, State, Zip Code	<u> </u>							
Home Phone								
Work Phone								
E-Mail Address								
	l l							
Availability								
Geographic preference	ces:							
Lynchburg	Amherst	aharat Ann			Bedford	Con	Campbell	
Lynchburg	Aimerst	Арр	omattox	1	<u>searora</u>	Call	трвен	
Special Considerations: Availability: (please indicate days & times)								
Mor	nday Tuesday	Wedneso	day Thi	ırsday	Friday	Saturday	Sunday	
Mornings	iday Tuesday	Wednest	uay III	iisuay	Tituay	Saturday	Sunday	
Afternoon								
Evenings								
Academic Stan	ding and Regu	ıiremen	nts					
What semester(s) are	_			r practic	um?			
		,		Practic				
Please indicate th academic year belo	l Hall	Fall		Spring		Summer		
Currently enrolled in: Bachelor's Degree Master's Degree								
College or University currently enrolled:								
Name of degree sought: Total Credit Hours required to Graduate:								



How many hours are required for your internship or practicum?
Who will be your school official overseeing your internship progress/course credit?
Employer or Supervisory Requirements for Internship:
Preferences for Internship/Practicum
Indicate which of our Portfolios of Service you are interested in conducting your internship or practicum:
Administration
Case Management
Emergency
Intensive
Outpatient
Therapeutic Day Treatment
Indicate preference of the population you would prefer to work with:
0-10 years old: 11-24 years old: 24 years old+:
Primary Diagnosis you wish to serve:
Intellectual disability Mental Health Substance Use



Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.
Previous Volunteer Experience
Summarize your previous volunteer experience and/or internship experiences.
Previous Convictions
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?
Yes: No:

If yes, please list all such convictions and explain: (NOTE: A conviction will not automatically disqualify you from consideration for an internship. Rather, such factors as nature of offense, gravity of offense, time elapsed since conviction, and nature of internship sought.)



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern or practicum student, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate termination of my internship with Horizon.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Instructions

Please print, sign, and email this internship/practicum application form to Krisann.Taylor@HorizonBH.org. Include a cover letter with at least three learning goals relevant to the internship requested.