# Internship Application

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

## Contact Information

| | |
|---|---|
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Availability

Geographic preferences:

| Lynchburg | Amherst | Appomattox | Bedford | Campbell |
|---|---|---|---|---|
| | | | | |

Special Considerations:_____

Availability: (please indicate days & timeframes)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Mornings | | | | | | | |
| Afternoon | | | | | | | |
| Evenings | | | | | | | |

## Academic Standing and Requirements

What semester(s) are you seeking to engage in an internship or practicum?

| Please indicate the academic year below | 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 Carman.Via@HorizonBH.org. Include a cover letter with at least three learning goals relevant to the internship requested.