



Internship Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Number: _____ Other Phone: _____

University/College: Undergraduate Graduate

Current Institution: _____

Name of Graduate Program: _____ City: _____ State: _____

Anticipated date of graduation: _____

What is your current major(s) and/or degree: _____

Area of focus: Direct Practice Community Organization Policy Other: _____

Internship Requirements:

What program(s) at Southern Valley Alliance are you applying to intern for:

List area(s) of interest: _____

Do you require supervision by a licensed professional? If yes, explain supervision requirement:

Date which internship placement must be secured by: _____

What semester(s) are you applying for: _____

Start Date: _____ End Date: _____

How many hours does your internship require: _____

Name of Field Coordinator from University: _____

Additional Information:

What other language(s) do you speak, read, or write: _____

How did you hear about SVA: _____

Areas of previous work experience (Please include organization, dates, and responsibilities/position):

Volunteer experience (Please include, organization, dates, and responsibilities/position):

List other relevant experiences (education, special training, life experiences, etc.) that would prepare you for this internship:

Please describe why you believe you would be a good fit as an intern at SVA:

Professional Reference:

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Telephone: _____

Supervisor's E-mail: _____ How long have you worked here: _____

Personal Reference:

Name: _____ Email: _____ Phone: _____

How do you know this individual: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____

(Electronic – Please type your full name)

**All internship placements are contingent upon completing a criminal background check with SVA