Intern Application

Youth and Family Services Division
COMMUNITY RELATIONS
1718 E. Michigan Street, Orlando, FL 32806
Phone: 407-836-8938 Fax: 407-836-8929

Orange County Health & Family Services Department

Last Name _____ **First Name** _____ **Middle Initial** _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone _____ **Mobile Phone** _____ **Business Phone** _____ **Email Address** _____

Emergency Contact Name _____ **Phone Number** _____

Education Background ☐ High School ☐AA/AS ☐BA/BS Degree ☐ Graduate Degree

Internship Focus ☐ Counseling/Psychology ☐ Criminal Justice/Law ☐ Social Work

☐ Public Administration ☐ Finance/Accounting ☐ Community Relations ☐ Other _____

College or University _____ **Currently seeking:** ☐ Bachelors ☐ Masters ☐ Doctoral

Internship for: Fall _____ **Spring** _____ **Summer** _____

Internship Start Date: _____ **End date** _____

Day(s) Available: ☐ M ☐ Tu ☐ W ☐ TH ☐ F ☐ Sa ☐ Su **Hours Per Week:** _____

Times Available: ☐ Days ☐ Afternoon ☐ Evenings

Supervisory Requirements (if contract is required, please attach):

_____

_____

Current Occupation/Employer: _____

Certifications/Licenses: _____

Computer/Language Skills: _____

A minimum of two personal references (no relatives) must be on file prior to start date.

By submitting this application, I understand that I will undergo a background check and will be required to participate in training/orientation sessions.

Submitting an application does not guarantee being matched with an intern assignment. Paid internships are available on a limited basis upon successful completion of the hiring process.

Intern Applicant Signature_____ **Date** _____

-FOR OFFICE USE ONLY-

Start Date: _____
End Date: _____
Work Location: _____
Program: _____
Supervisor: _____

Background Checks:
(Local) _____
(Prelim) _____
(Final) _____