



Internship Application

Applicant Name: _____

Phone Number:(____) _____ - _____

Email: _____

School: _____

Program of Study: _____

Total Hours Required for Internship: _____

Desired Start Date: _____

Level/Type of Supervision Required: _____

Have you ever been convicted of a crime? If so, please provide details: _____

Why are you interested in completing an internship at ARCH? _____

Please provide any additional information or comments you would like to be considered: _____

Please indicate your availability for hours:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Applicant's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Executive Director's Signature: _____

Date: _____