

Mental Health Association of the Southern Tier, Inc.  
153 Court Street, Binghamton, NY 13901  
607-771-8888

## Internship Application

### **GENERAL INFORMATION:**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: (optional) \_\_\_\_\_ Sex: F M

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Is current address same as permanent address? Yes No

If you checked "no" please list your permanent address:

\_\_\_\_\_  
\_\_\_\_\_

Permanent Phone: \_\_\_\_\_

Are you presently in school? \_\_\_\_\_ Where? \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Is this internship fulfill a course requirement? \_\_\_\_\_

Internship Semester: \_\_\_\_\_

Dates of Expected Internship: \_\_\_\_\_

Hours needed for your internship: \_\_\_\_\_

Type of Internship you would like:

Accounting  Clerical  Care Management  Client Services  Personnel

Family Services  Fundraising  Children Services  Wellness Center

Are you planning on continuing to volunteer after the requirement is fulfilled?

\_\_\_\_\_

Please list your current and/or previous educational experiences, listing your most recent experience first:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY:**

Have you ever been arrested? Yes No If "Yes" how many times and explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If "Yes" please explain: \_\_\_\_\_

Do you give us permission to check this information? Yes No

**PERSONAL INFORMATION:**

Why are you interested in an internship at the MHA? \_\_\_\_\_

What experiences, hobbies, or specialized skills do you have which might be helpful for work as an intern at the MHA? \_\_\_\_\_

With what service or community groups are you affiliated? \_\_\_\_\_

How did you learn about the MHA? \_\_\_\_\_

**REFERENCES:**

Please list three local references who we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**EMERGENCY CONTACT:**

Emergency contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that the information on this application is accurate and complete to the best of my knowledge:

Signature \_\_\_\_\_

Date \_\_\_\_\_