



## INTERN APPLICATION

Please complete the following fields below.

### BACKGROUND INFORMATION

Name (First, Last): \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

How did you hear about the Carroll Center?

Date you can start internship: \_\_\_\_\_

Internship Position applied for: \_\_\_\_\_

### EDUCATION

School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Did you graduate?

Yes

No

\*\*\*\*\*

**ONLY IF** you are planning to fulfill your hours for a practicum, please complete the below question in this section.

1. Who is your college/university contact (i.e. professor/ supervisor)?

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

2. How many hours would you need to fulfill with us at CCB for your practicum? \_\_\_\_\_

3. (for COMS interns): Do you currently have liability insurance?

Yes

No, I need to obtain this

\*contact [stephanie.chmielinski@carroll.org](mailto:stephanie.chmielinski@carroll.org) if you have questions about liability insurance

\*\*\*\*\*

## **REFERENCES**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

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

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

Contact Name 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

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

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

Contact Name 3: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

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

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

**By signing below, I certify that the facts set forth in this Internship Application are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.**

Candidate Signature: \_\_\_\_\_

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

**Upon completion, please email this application and a copy of your resume and cover letter (if you have these last two items) to [hr@carroll.org](mailto:hr@carroll.org).**

**Thank you for your interest in The Carroll Center for the Blind.**