



# Lake Wales Care Center Internship Application

Applicant Information		
Last Name	First Name	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Date of Birth:	Age:	
What internship are you interested in? <input type="checkbox"/> Care Corps <input type="checkbox"/> Academic <input type="checkbox"/> Youth <input type="checkbox"/> Not Sure		
Semester in which internship will be performed? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Are you interested in Care Center Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about our internship program?		

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	
Hobbies/ Interests:	

Personal Information
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?

Describe your long-term career goals:
<b>Please attach a one-page typed copy of your faith journey. Include a personal testimony and how it had impacted your relationship with Christ.</b>

<b>Professional References</b>	
Name	Relationship and contact info (e-mail and/or phone number)

<b>Disclaimer and Signature</b>	
<p>Have you ever been arrested and/or convicted of a crime?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>I certify that I understand that Care Corps is a drug and alcohol-free program. While in the program, I commit to abstaining from such practices.</p> <hr/> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.</p> <hr/>	
Signature:	Date: