



Internship Application

Applicant Information

Name: _____

Current Address: _____

Permanent Address (if different from current address): _____

Primary Phone Number: _____

Primary Email Address: _____

School Information

University/College Name: _____

City/State: _____

Department/Major: _____

Dates Attended: ___/___/___ to ___/___/___ Anticipated graduation date: _____

Internship Information

Desired Semester of Internship:

- Fall (Aug-Dec)
- Spring (Jan-May)
- Summer (May-Aug)

Hours required for internship: _____

Select which populations you have experience working with.

- Pediatrics
- Mental/Behavioral Health
- Autism and/or Developmental Disabilities
- Geriatrics
- Community Based
- N/A
- Other: _____



References

Please list two references. One must be an educational reference; the other one must be professional/volunteer references. No personal references will be accepted.

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____

Educational Reference Professional/Volunteer Reference

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____

Educational Reference Professional/Volunteer Reference

Please submit a copy of your resume with the application to program@autismnwpa.org

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship position, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____