



# Student Intern Placement Application

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**Instructions:** To apply for student internship placement at Park Center, please complete and submit the following application.

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

Date of Birth: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Academic Institution: \_\_\_\_\_

Institution's Address: \_\_\_\_\_

Internship Program: \_\_\_\_\_

Faculty Advisor's Name: \_\_\_\_\_

Advisor's Phone: \_\_\_\_\_

Advisor's E-Mail: \_\_\_\_\_

Year in Program: \_\_\_\_\_

Degree Being Pursued: \_\_\_\_\_

Placement Start Date: \_\_\_\_\_

Placement End Date: \_\_\_\_\_

Wkly Placement Hours: \_\_\_\_\_

Total Placement Hours: \_\_\_\_\_

Did you use the Indiana INTERNnet (online resource) to assist you in locating this internship opportunity?    Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how did you learn about Park Center's Internship program? \_\_\_\_\_

\_\_\_\_\_

List 1st and 2nd Program / Department Placement Preferences: \_\_\_\_\_

\_\_\_\_\_

Have you ever been an employee, volunteer, or student at Park Center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the date(s) and position(s): \_\_\_\_\_

Specify years of experience working in a mental health setting: \_\_\_\_\_

**Provide Two (2) Faculty And / Or Professional References (in addition to the faculty advisor listed above who is to submit a letter of institutional sponsorship / recommendation). Include the reference person's credentials along with their name.**

**Reference #1**

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

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

Telephone: \_\_\_\_\_

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

**Reference #2**

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

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

Telephone: \_\_\_\_\_

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

***Please respond to the following questions:***

1. **PREFERRED POPULATION:** Do you have a preference for a particular client group? Why? (Describe what type of work you would like to do with this group) What client groups have you worked with previously? What coursework has prepared you to work with this population?

2. **GOALS AND OBJECTIVES:** Identify three or four primary educational goals, as well as any special interests you may have for this internship placement experience.

3. **PERSONAL STRENGTHS:** What do you consider to be your strongest personal assets as a developing professional, and how do you see your internship at Park Center as enhancing your effectiveness?

4. **SKILL DEVELOPMENT:** What specific professional skills do you wish to develop or enhance while at Park Center?

5. **CAREER GOALS:** What are your specific goals after graduation? (i.e. employment, future education, etc.) How do you envision your experience at Park Center contributing to those goals?

6. Please add any additional information that will help us in tailoring your internship experience at Park Center to meet your needs.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_