



## Student Intern Placement Application (Associate/Bachelors)

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**Instructions:** To apply for a student internship placement at Park Center, please complete (print or type) and submit the following application.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

ACADEMIC INSTITUTION: \_\_\_\_\_

INSTITUTION'S ADDRESS: \_\_\_\_\_

INTERNSHIP PROGRAM: \_\_\_\_\_

FACULTY ADVISOR'S NAME: \_\_\_\_\_

FACULTY ADVISOR'S EMAIL: \_\_\_\_\_

FACULTY ADVISOR'S PHONE: \_\_\_\_\_

YEAR IN PROGRAM: \_\_\_\_\_

DEGREE BEING PURSUED: \_\_\_\_\_

INTERNSHIP START DATE: \_\_\_\_\_

INTERNSHIP END DATE: \_\_\_\_\_

WEEKLY INTERNSHIP HOURS: \_\_\_\_\_

TOTAL INTERNSHIP HOURS: \_\_\_\_\_

**DID YOU USE INDIANA INTERNET (ONLINE RESOURCE) TO LOCATE THIS INTERNSHIP OPPORTUNITY?**

Yes \_\_\_\_ No \_\_\_\_

**IF NO, HOW DID YOU LEARN ABOUT INTERNSHIP OPPORTUNITIES AT PARK CENTER?**

\_\_\_\_\_

**LIST PARK CENTER PROGRAM PREFERENCES FOR INTERNSHIP:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**HAVE YOU EVER BEEN AN EMPLOYEE OR STUDENT OF PARK CENTER PREVIOUSLY?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES, LIST DATES AND POSITION(S):** \_\_\_\_\_

**SPECIFY YEARS OF EXPERIENCE WORKING IN MENTAL HEALTH:** \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

1. **PREFERRED POPULATION:** Do you have a preference for working with a particular client group? If so, explain. Describe what type of work you would like to do with this group, what client groups you have worked with previously, and what coursework you have had related to working with this population.
  
2. **GOALS AND OBJECTIVES:** Identify 3 or 4 primary educational goals, as well as any special interests you may have in mind 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 placement experience 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 these goals?
  
6. **SITE SELECTION:** Why did you decide to apply to Park Center? What interests you the most about community mental health? How do you see yourself contributing to the field?
  
7. Please add any additional information that will help us in tailoring your internship experience at Park Center to meet your needs.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_