

Internship Application

EMAIL	NAME	
EMERGENCY CONTACT INFORMATION NAME RELATIONPHONE NUMBER	CURRENT ADDRESS	
EMERGENCY CONTACT INFORMATION NAME	EMAIL	PHONE NUMBER
NAME RELATIONPHONE NUMBER	INTERNSHIP TERM (e.g., Fall 2017)	
ACADEMIC INFORMATION INTERN SUPERVISOR NAME/CREDENTIALS SUPERVISOR TITLE SUPERVISOR NUMBER SUPERVISOR EMAIL Please list all universities and colleges attended. COLLEGE/UNIVERSITY NAME DATES ATTENDED TO GRADUATION DATE (or anticipated) MAJOR GPA COLLEGE/UNIVERSITY NAME COLLEGE/UNIVERSITY NAME DATES ATTENDED TO GRADUATION DATE (or anticipated) MAJOR GPA COLLEGE/UNIVERSITY NAME CUM GPA MAJOR GPA COLLEGE/UNIVERSITY NAME CUM GPA MAJOR GPA COLLEGE/UNIVERSITY NAME CUM GPA MAJOR GPA COLLEGE/UNIVERSITY NAME CITY, ST DATES ATTENDED TO GRADUATION DATE (or anticipated) MAJOR CUM GPA MAJOR GPA EXPERIENCE WITH CHILDREN INSTITUTION POSITION TITLE (e.g. volunteer, practicum) SUPERVISOR'S NAME/CREDENTIALS/TITLE MAY WE CONTACT YOUR SUPERVISOR TO TOTAL # HOURS COMPLETED BRIEFLY DESCRIBE RESPONSIBILITIES INSTITUTION POSITION TITLE (e.g. volunteer, practicum) SUPERVISOR'S NAME/CREDENTIALS/TITLE MAY WE CONTACT YOUR SUPERVISOR YES NO SUPERVISOR'S NUMBER DATES WORKED TO TOTAL # HOURS COMPLETED BRIEFLY DESCRIBE RESPONSIBILITIES INSTITUTION POSITION TITLE (e.g. volunteer, practicum) SUPERVISOR'S NAME/CREDENTIALS/TITLE MAY WE CONTACT YOUR SUPERVISOR YES NO SUPERVISOR'S NUMBER DATES WORKED TO TOTAL # HOURS COMPLETED BRIEFLY DESCRIBE RESPONSIBILITIES		
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PROFESSIONAL DEVELOPMENT SPECIAL TRAINING, SKILLS, CERTIFICATIONS, and/or HOBBIES
PROFESSIONAL GROUP/ORGANIZATION MEMBERSHIPS
ESSAY QUESTIONS WHY DO YOU WANT TO COMPLETE YOUR INTERNSHIP AT RISE CENTER?
WHAT ARE YOUR CAREER GOALS AND WHAT STEPS HAVE YOU TAKEN TO PREPARE TO REACH THESE GOALS?
PLEASE DISCUSS THREE OF YOUR STRENGTHS
WHAT AGE GROUP ARE YOU MOST COMFORTABLE WORKING WITH AND LEAST COMFORTABLE WORKING WITH AND WHY? (Infants, 1's, 2's, 3's, 4's, 5's).

PLEASE RANK YOUR	INTEREST IN WOR	RKING IN T	HE BELOW CLAS	SROOMS 1 THRU 6, 1	
BEING YOUR MOST I	NTERESTED PLAC	EMENT.		•	
Infants	2 year olds		4 year olds		
1 year olds	3 year olds		5 year olds		
PLEASE EMAIL COMPLETED APPLICATIONS TO BAILEY CHAMBERS AT					
gbchambers@ches.ua.edu.					