

Please type or print all sections completely

Name:	Date of Application		
Permanent Address:			
<u>Telephone</u>			
Mailing Address at School			
Tolonhono			
•			
(Check you spam or junk folder for			
College	Date of Graduation		
Degree	Major		
Courses relevant to this inter	nship		
Have you participated in an i	nternship program?		
Are you seeking college credi	t for you internship?		
Availability:			
Semester:			
Monday			
Tuesday	Saturday		
Wednesday			
Thursday	Total Weekly Hours		

Faculty Advisor: Please verify	y that the above n	amed student will receive credit for
participation in the @College <sup>T</sup>	™ Internship progi	am. Number of Credits:
Special Requirements: (ie: fac	ulty visits, studen	t reports, supervisor evaluation)
Faculty Advisor Name:		
Email Address:		Phone#:
Since reaching the age of 18, h	nave you ever beer	n convicted of a crime, including felonies
and misdemeanors but exclud	ling summary offe	nses such as speeding tickets, which has not
been annulled, expunged, or s	ealed by court?	□ Yes □ No
If "Yes", please describe in full	detail including d	ates(s), location(s), and the nature of the
offense(s)*		
convictions will be considered only to the However, failure to disclose a conviction	the extent they relate to on and/or mischaracter olunteering (even if th	squalification for volunteering: felony and misdemeanor the volunteer position for which you may be considered. Fization of a conviction will result in your ineligibility for e conviction would not have barred your eligibility for
Emergency Contact Informa	tion	
Contact Name:		Relationship:
Home Phone:	Work:	Cell:
Alternate Contact Name:		Relationship:
Home Phone:	Work:	Cell:
Intern Signature		
I understand that as a volunte	er I will not receiv	ve monetary compensation or benefits for
my services.		
Signature:		Date: