



## ILACSD Internship Application Form

### Personal Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State ZIP

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relation Phone

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you under 18 years of age? \_\_\_ Yes \_\_\_ No

### Education

Currently a student? \_\_\_ Yes \_\_\_ No Actual/Expected Graduation Date: \_\_\_\_/\_\_\_\_

School Currently Attending or Graduate of: \_\_\_\_\_

Major(s): \_\_\_\_\_

Will you receive school credit for your intern work? \_\_\_ Yes \_\_\_ No Hours needed: \_\_\_\_\_

Are you fluent in any foreign languages? \_\_\_\_\_

### Availability

Dates Available (estimate): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

What days and hours are you available?

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you have reliable transportation? \_\_\_ Yes \_\_\_ No

Why are you interested in becoming an ILACSD intern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the statements in this application are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING SECTION IS FOR OFFICE USE ONLY**

Comments:

- Resume
- Waiver
- Shirt
- Certificate of Recognition

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Hours: \_\_\_\_\_