



INTERN APPLICATION

NAME _____ DATE _____

MAILING ADDRESS STREET CITY ZIP

PHONE CELL/WORK

EMAIL ADDRESS (IF APPLICABLE) _____

COLLEGE/PROGRAM _____ ASSOCIATES BACHELOR'S MASTER'S

SUPERVISOR NAME/CONTACT INFORMATION _____

Total number of intern hours required for your program: _____

When are you available for intern hours? Monday Tuesday Wednesday Thursday Friday

Preferred location to intern? Clinton County Shiawassee County

How many hours per week are you required to intern? _____

INFORMATION RELEASE

Due to the nature of our work and for the safety of staff, clients and volunteers, a criminal background check must be completed. Please complete the following information.

NAME (OTHER NAME(S)) DATE OF BIRTH

SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER

RACE SEX

I understand that the above information is required by the central records division of the Michigan State Police. I authorize SafeCenter to utilize the above information for the sole purpose of obtaining a criminal history check.

SIGNATURE OF APPLICANT DATE

AGENCY REPRESENTATIVE DATE