



Mental Health Association of Franklin County Inc.

A Peer Run Organization

Internship Application

Please Print Clearly

_____ Date

_____ Legal Name

_____ Preferred Name

_____ Address

_____ City

_____ State

_____ Zip

_____ Phone Number

_____ E-mail Address

EDUCATION/TRAINING

High School: 9 10 11 12	Diploma/GED: Yes No	Veteran: Yes No
College: 1 2 3 4	Degree: _____	Military Certifications:
Other Training: _____		

Areas of Interest for Interning:

- Community Support Program (Helpline, Senior Reach, Meetings/events)
 Administrative Assistant
 Individual/Family Satisfaction Team
 Social Media
 Event Planning
 Other: _____

Are you planning to intern as part of a school program/requirement? Yes No
 If yes, please list the individual/advisor to communicate with and phone number:

How many hours are required for the internship: _____



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Do you possess a current drivers license? Yes No

WORK EXPERIENCE

Dates Worked	Employer	Position	Reason for Leaving
to			
to			
to			

REFERENCES

Name	E-Mail Address	Phone

Anything else you would like to share:

I certify that the information provided in this application is accurate to the best of my ability and I understand that any information found to be falsified could be grounds for termination:

Signature of Candidate

Date: