

CONTINUED ON BACK

Semester and year of desired internship:

What are your plans after the internship is completed?

Are you able to complete your internship during the hours of?

8:00 am – 4:30 pm Monday – Friday? _____
(Yes/No)

11: 00 am– 7:30 pm one night a week? _____
(Yes/No)

7:00 am– 3:30 pm on a Saturday at least 3 times? _____
(Yes/No)

What special skills, hobbies, or previous experiences are you able to share?

Any physical limitations: ____ Yes ____ No

If yes, please explain:

Is it OK to take pictures of you for bulletin boards, newsletters, etc?

____ Yes ____ No

****Hillview does not accept any person involved in theft, abuse, or drug cases.**
INTERNS WILL HAVE A CAREGIVERS BACKGROUND CHECK COMPLETED**

Signature: _____