

Internship Placement Application

Name: _____ Date: _____
Mailing Address: _____ Phone: _____
City, State, Zip: _____ Email: _____
College: _____ Major: _____
Minor: _____ Graduation date: _____

How did you hear about internship opportunities at APW?

What departments are you interested in working for?

- 1.
- 2.
- 3.

What days/ times are you available?

Is this a school requirement? If so, please explain the details of the requirement?

Please answer the following questions on a separate sheet of paper:

1. Do you have previous experience in social services?
2. Are you able to work with diverse populations?
3. Are you able to work with people in a compassionate, sensitive manner?
4. What is your experience working with a team?
5. What do you hope to gain from this experience?

Emergency Contact

Name: _____ Relationship: _____

Phone number: _____

Questions? Contact Widmark Donis at (508) 755-3773 or wdonis@aidspjprojectworcester.org