

DR. GERTRUDE A. BARBER NATIONAL INSTITUTE

STUDENT/INTERN APPLICATION

Name: _____ Email Address: _____

Home Address: _____ Campus Address: _____

(City) (State) (Zip) (City) (State) (Zip)

Telephone Number: Home: (____) _____ Campus : (____) _____

Age: ____ Under 18 yrs. ____ 18+ yrs. (* 18 years of age and older clearances are required)

SCHOOL/COLLEGE/UNIVERSITY: (Name) _____

College: Freshman Sophomore Junior Senior

Graduate Student: 1st year 2nd year Other: (specify) _____

Course Title: _____

School/College/University Instructor: _____ Telephone Number: (____) _____

Instructor's Email Address: _____

Contact Person: (other than Instructor for emergency purposes):

Name: _____ Relationship: _____ Phone: (____) _____

Number of Hours Required : _____ Type of Hours: Observation Internship/Practicum

Requested Start Date: ____ / ____ / ____ Placement Needs to be Completed By: _____

Request experience to be with: Children Adults No specific request

Are There Specific Requirements for Your Time: Yes No

Is a paper/report/presentation to be made related to your experience: Yes No
If Yes, the Non-Research Paper/Report/Oral Presentation Agreement must be signed

Please Briefly Describe Placement Requirements and/or Anticipated Experience Goals: _____

Copy of College ID (must be submitted to Human Resources prior to beginning experience) Received

Clearances Required: (obtained at student/intern's expense) State Police Child Line/DPW FBI

A copy of each of these required clearances or the application for such must be submitted to Human Resources prior to start of hours.

Applicant's Signature

Date

For Internal Use only:

Privacy Officer Signature: **REQUIRED** Date

Forwarded to Human Resources: Yes No
Date: _____