

Internship Application



Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Mobil Phone: _____

Email: _____

245 Genesee Street

Utica, NY 13501

www.thearcqol.org

Human Resources

Phone: 315.272.1537

Email: lrpavia@thearcqol.org

School: _____

Major: _____

Advisor: _____

Start Date: _____ Completion Date: _____

Criteria Required: _____

Hours Required: _____ Time Frame: _____

Level of Supervision Required: PHD MS BA Other: _____

Availability:

- Monday From _____ To _____
- Tuesday From _____ To _____
- Wednesday From _____ To _____
- Thursday From _____ To _____
- Friday From _____ To _____
- Saturday From _____ To _____
- Sunday From _____ To _____

Please complete the BACK of this form.

Please provide 2 references (other than family members):

- | | |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain:

Emergency Medical Contact (Please list 2 contacts):

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |

Do you have any physical limitations, medical condition or allergies we should be aware of?

Yes No

If yes, please explain:

Have you received a 2 Step Mantoux test for tuberculosis (TB) within the last year?

Yes No If yes, please provide documentation.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if under 18 yrs. of age)

**Thank you for your interest in
Interning at the Arc!**

