**ROCK COUNTY HUMAN SERVICES DEPARTMENT**

**APPLICATION FOR INTERNSHIP EXPERIENCE**

Date of Application: 4/5/2024

Name:

Address:

Phone Number:

Email Address:

**Internship Start Date:**        **End Date:**

Educational Institution:

Academic Program:

Bachelor’s or Master’s:

Area of Interest *(check all that apply)*:

|  |  |  |
| --- | --- | --- |
| [ ]  Adults (Mental Health) | [ ]  APS (Adult Protective Services) | [ ]  Youth Justice  |
| [ ]  Children (Mental Health) | [ ]  ADRC (Aging & Disability) | [ ]  Child Protective Services |
| [ ]  AODA (Substance Use) |  | [ ]  Other *(Please specify)* |
| [ ]  Crisis Intervention |  |       |
| [ ]  Clinical |  |  |

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Student Availability: *(Total # of Hours/Week; Specify Days)*

Please provide a short summary stating what knowledge and skills you hope to gain from the practicum/internship. If more than one area of interest has been checked, please indicate your first and second choice.

Signature:       Date:

Email Application & Resume to:

Christina.Arambula@co.rock.wi.us

Questions? Contact Christina Arambula at 608-757-5271

**If you are applying on-line, please attach your resume.**

Thank you.

**FOR AGENCY USE ONLY**

Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Div. Mgr. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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