



Southern Maryland Tri-County Community Action Committee, Inc.

## Application for Intern

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth

Sex:  Male  Female

Highest Level of Education Completed: \_\_\_\_\_

Do you have a valid driver's license?

Yes  No

Issuing State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Have you ever been convicted as an Adult for a Criminal Violation?

Yes  No

If Yes, explain:

Have you interned with SMTCCAC, Inc. in the past?

Yes  No

If Yes, what capacity:

Are you related by birth or marriage to an SMTCCAC, Inc. employee?     Yes     No

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Name

Relationship

Position

Where would your skills best be utilized? Check all that apply:

- Adult Day Care     Head Start     Senior Companion     Other

State briefly your concept of Field Education:

State briefly why you chose your profession:

Briefly state your Strengths:

Days & Times Available: Check all that apply

- Sun \_\_\_\_\_  Mon \_\_\_\_\_  Tue \_\_\_\_\_  Wed \_\_\_\_\_
- Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_
- Morning  Afternoon  Evening  Weekends

Emergency Contact Information:

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Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby affirm that this Application for Intern contains no willful misrepresentations and that the information given by me is true and complete to the best of my knowledge and belief. By signing this application, you agree to fulfill the duties assigned to you.

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Intern Print Name \_\_\_\_\_ Intern Signature \_\_\_\_\_ Date \_\_\_\_\_