



Southern Maryland Tri-County Community Action Committee, Inc.
Application for Intern

Last Name	First Name	Middle Name
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Address

City	State	Zip Code
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Home Telephone:	Cellular Telephone:	E-Mail:
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Date of Birth: / / Sex: Female Male

Highest Level of Education Completed: _____

Have you ever been convicted as an Adult for a Criminal Violation? Yes No – If so, Explain _____

Have you intern 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

Name	Relationship	Position
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Where would your skills best be utilized? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> CDL |
| <input type="checkbox"/> Energy Assistance Program | <input type="checkbox"/> Finance Department | <input type="checkbox"/> Food Assistance Program |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Senior Companion |
| <input type="checkbox"/> Human Resources Department | <input type="checkbox"/> Other | |

State briefly your concept of Field Education:

State briefly why you chose Social Work as your Profession:

Briefly state your Strengths:

Days & Times Available: Check all that apply.

Sun _____am/pm Mon _____am/pm Tue _____am/pm Wed _____am/pm.

Thurs _____am/pm Fri _____am/pm Sat _____am/pm.

Morning Afternoon Evening Weekends

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

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.

Intern Print Name _____ Intern Signature _____ Date _____



Professional and Personal Reference Check

All interns are required to have two Professional References and one Personal Reference. Please provide the following information:

Professional Reference:

Name

Address

Email

Phone Number

Professional Reference:

Name

Address

Email

Phone Number

Personal Reference:

Name

Address

Email

Phone Number

Print Name

Signature/Date