



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

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:

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