

**Internship and Practicum Interest Form**

 *Please fill out all the required fields and attach your resume below.*

Name: Click or tap here to enter text.

Preferred Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

What school do you attend? Click or tap here to enter text.

Location Preference: [ ]  Remote [ ]  On-Site (St. Louis, MO) [ ]  Either, no preference.

How did you hear about us? Click or tap here to enter text.

Have you had any experience with home visiting? [ ]  Yes [ ]  No

If yes, please describe:

|  |
| --- |
| Click or tap here to enter text. |

Areas of Interest within the Agency\* Please choose your top three choices.

[ ]  Program Implementation [ ]  Research and Evaluation

[ ]  Tribal Services [ ]  Advocacy and Public Policy

[ ]  Training and Curriculum [ ]  Other: Click or tap here to enter text.

How many hours are required to complete your internship or practicum?Click or tap here to enter text.

What is your area of study?: Click or tap here to enter text.

What skills are you hoping to learn?

|  |
| --- |
| Click or tap here to enter text. |

For which semester and year are you seeking an internship or practicum opportunity (indicate approximate start and end dates)?

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Are there specific qualifications required of a practicum or internship supervisor for your program?

If so, describe: Click or tap here to enter text.

***Please ensure your resume is attached.***