

**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:

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| --- |
| 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.***