IWS FAMILY HEALTH

ANGEL HARVEY FAMILY HEALTH CENTER • INFANT WELFARE SOCIETY of CHICAGO

Internship Application Form

Thank you for your interest in interning with IWS Family Health!
Please complete the application below to help us learn more about you and your internship goals.

Personal Information

Full Name:	
Preferred Name, if different:	
Pronouns:	☐ She/Her ☐ He/Him ☐ They/Them ☐ Other:_____
Date of Birth:	
Email Address:	
Phone Number:	
Current Address:	

Academic Information

Name of School:	
Program of Study:	
Degree Pursuing:	☐ BSW ☐ MSW ☐ Other: _____
Expected Graduation Date:	
Internship Course / Field Instructor Information (*Name, email, phone #*):	

Internship Details

Estimated Required Internship Hrs:	
Internship Start Date (anticipated):	
Internship End Date (anticipated):	
Days/Hours Available:	

Experience & Interests

Why are you interested in interning at our organization?	
What populations or social work areas are you most interested in working with? (Check all that apply)	☐ Children & Youth ☐ Families ☐ Mental Health ☐ Individual Work ☐ Group Work ☐ Geriatrics ☐ Community Outreach ☐ Other: _____

Skills & Goals

What is one goal you are hoping to reach for this internship?	
Do you have any specific skills or languages that you bring to the role?	☐ Bilingual (specify language): _____ ☐ Computer skills (specify): _____ ☐ Other: _____

References (Optional)

Reference #1: Reference Name Relationship Phone Number / Email	
Reference #2: Reference Name Relationship Phone Number / Email	

By submitting this application, I confirm that the information provided is true to the best of my knowledge.
I understand that submitting this form does not guarantee placement and that I may be contacted for an interview.

IN ADDITION TO THIS APPLICATION, PLEASE EMAIL YOUR RESUME TO Vidald@IWSFamilyHealth.org