## The Center for Youth and Family Solutions Internship Application

| A. Identifying Information:                  |  |  |  |
|--|--|--|--|
|  | Name   |  |  |
|  | Address  |  |  |
|  | TelephoneE-mail  |  |  |
|  | Primary and Secondary Languages:   |  |  |
| B. Nature                                    | of Field Placement   |  |  |
| 1.   | Level of Internship  |  |  |
|  | ☐ Associate Level Internship   |  |  |
|  | ☐ Bachelors Level Internship   |  |  |
|  | ☐ Masters Level Internship (upon acceptance in Masters level Counseling Internship Program a copy of Bachelors level transcripts and diploma will be required) |  |  |
|  | College or University of Bachelor's Degree Major   |  |  |
| $\begin{array}{c} \square \\ 2. \end{array}$ | Program(s) of Interest check all that apply  |  |  |
|  | Child Welfare System Programs  |  |  |
|  | ☐ Foster Care  |  |  |
|  | ☐ Intact Family Service  |  |  |
|  | ☐ Residential (Children & Youth)   |  |  |
|  | Pregnancy Planning and Family Support Services   |  |  |
|  | ☐ Adoption Services  |  |  |
|  | Youth, Family and Community Outreach Services  |  |  |
|  | ☐ Youth Advocacy   |  |  |
|  | ☐ Community Service: Community Area Project  |  |  |

| Name              |  |  |
|-------------------|--|--|
|                   |  |  |
| Administrative    | Support Services   |  |
|                   | Information-Technology Department                            |  |
|                   | Development/Communications Department                        |  |
| Fan               | mily& Individual Counseling Programs (Master Level Programs) |  |
|                   | ☐ Children/Youth/Adult                                       |  |
|                   | Individual/Family/Group                                      |  |
|                   | Senior Counseling  |  |
|                   | Pregnancy Planning   |  |
| C. Location prefe | erence   |  |
|                   | ☐ Bloomington  |  |
|                   | ☐ Champaign  |  |
|                   | ☐ Danville   |  |
|                   | ☐ Galesburg  |  |
|                   | □ LaSalle  |  |
|                   | ☐ Lincoln  |  |
|                   | ☐ Macomb   |  |
|                   | ☐ Peoria   |  |
|                   | ☐ Rock Island  |  |
|                   | □ Springfield  |  |
| D. Transportatio  | n  |  |
|                   | ☐ Valid Driver's License                                     |  |
|                   | ☐ Own Transportation   |  |
|                   | ☐ Valid Insurance Coverage                                   |  |

| e.  |  |  |  |  |
|---|--|--|--|--|
| Placement Related Objectives & Experience |  |  |  |  |
| l.  | What are your expectations for this internship? Educationally? Professionally? |  |  |  |
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| 3.  | Please list your work experience (paid or volunteer).                          |  |  |  |
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|-------------|--|
| 4. Please w | rite a brief statement explaining your reasons for choosing a career in social |
| services, a | nd how you feel The Center for Youth and Family Solutions would benefit by     |
| providing : | you with an internship.  |
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| 5. Please l | ist three professional references: name, address, and phone number:            |
| 1           |  |
| 2           |  |
| 3.          |  |
| •           |  |

| PLEASE ATTACH A PAPER THAT YOU HAVE WRITTEN FOR ANY CLASS THAT YOU WOULD LIKE TO SHARE WITH US. THANK YOU. |  |  |  |  |  |
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