

# NEW HOPE MIDCOAST

## Internship Application

Name:

Email:

Phone1:

Phone2:

Physical Address:

City:

State:

Zip Code:

Mailing Address (if different than Physical Address):

City:

State:

Zip Code:

Date of Birth:

I am 18 years or older

I am under 18 years old

I agree to a criminal background check (not applicable for high school students):

I agree to sign a confidentiality waiver:

### Emergency Contact Information

Name:

Relationship:

Phone1:

Phone2:

Email:

### Information about the Internship

For what university/college do you hope to receive credit for this internship?

If you are not affiliated with a university or college, is there a program for which you are completing this internship?

Please provide a name and contact information for the person in charge of this program.

My internship requires \_\_\_\_\_ hours minimum during the total internship program.

My internship should start \_\_\_\_\_ and end \_\_\_\_\_.

24/7 HELPLINE 1-800-522-3304

What days and hours are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday
Times (mornings, afternoons, evenings, etc.)					

Our internship experiences require a 40-hour training, the CAIRET. Can you make yourself available to attend this training? Yes/No

Please list prior volunteer/internship/work experience and your primary duties:

Name of business/nonprofit and supervisor	Primary duties
1.	
2.	
3.	

What are your internship goals or learning objectives? Please list at least three.

1.
2.
3.
4.
5.

Why do you want to intern at New Hope Midcoast?

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## Confidentiality Statement

I, (Print Name) \_\_\_\_\_, a visitor, volunteer, intern or other individual at New Hope Midcoast, understand and agree that any information viewed, disclosed or otherwise learned regarding individuals served is confidential and protected by state and/or other federal law.

I understand that if I disclose such information outside New Hope Midcoast, or in an inappropriate manner, I may be subject to disciplinary action, restricted from access, which may limit future involvement or services or I may be reported to the Maine State Department of Health and Human Services.

Intern Signature:

Date:

Intern Printed Name:

New Hope Midcoast Staff Signature:

Staff Printed Name:

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