



# Internship Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (current) \_\_\_\_\_ (permanent) \_\_\_\_\_ (cell) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Female  Male  
E-mail \_\_\_\_\_

Whom to notify in case of emergency:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

School Name \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Major/Field of Study \_\_\_\_\_

Prior Volunteer/Internship Experience (include dates) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Work Experience (include dates) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe particular areas of interest you have such as public health administration, primary care, mental health, social work, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special skills or experience you have that will help us determine how to set up your internship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from interning with Boston Health Care for the Homeless? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_

Expected Participation:  Fall  Spring  Summer

How many hours per week are you available? \_\_\_\_\_

Expected start date \_\_\_\_\_ Expected end date \_\_\_\_\_

Which days and hours are you available?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Please check all of the internship opportunities that interest you.

- |   |   |
|---|---|
| <input type="checkbox"/> Foot Care in Medical Clinic                  | <input type="checkbox"/> Waiting Room Hospitality                       |
| <input type="checkbox"/> Clothing distribution                        | <input type="checkbox"/> Translators (Spanish, Haitian Creole, Chinese) |
| <input type="checkbox"/> Leading group activities (art, movies, etc)  | <input type="checkbox"/> Conducting surveys of patients                 |
| <input type="checkbox"/> Reception [registering patients in computer] | <input type="checkbox"/> Accompanying patients to appointments          |
| <input type="checkbox"/> Stocking medical supplies                    | <input type="checkbox"/> Research Support                               |
| <input type="checkbox"/> Set-up/Run in-house store for patients       | <input type="checkbox"/> Office/Clerical Support                        |
| <input type="checkbox"/> Case Management                              | <input type="checkbox"/> Information Systems                            |
| <input type="checkbox"/> Other  |   |

References

In addition to completing this application form, you must also submit two letters of reference from people who know you well (other than family). At least one should be a professional reference from a teacher, advisor, or supervisor. Emails are fine. Email references may be sent to [volunteer@bhchp.org](mailto:volunteer@bhchp.org).

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Ethnicity (optional; for statistical purposes only):

- White  Black/African-American  Hispanic/Latino  Asian  Native American  
 Other (please specify) \_\_\_\_\_

Please return this form by fax to 857-654-1096 or mail to:

Volunteer Programs  
Boston Health Care for the Homeless Program  
729 Massachusetts Avenue  
Boston, MA 02118

