

Application for Internship

Mission

Our mission is to promote and provide center-based therapeutic services for children and adolescents affected by autism spectrum disorder (ASD). Minnesota Autism Center promotes the general education and welfare of persons challenged by ASD and supports the development of healthy families.

Personal Information

Last name		First name and middle initial		Date of Birth (Month/Day):	
Mailing address				Phone numbers (include area code)	
				Daytime ()	
City		State	ZIP Code	Evening ()	
Email address: Preferred method of contact (please circle one) Phone Call Text Email					
Preferred name:					
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date available to start internship:					
Where did you hear about the internship?					

Please tell us why you are interested in interning at MAC?

What are some of your areas of interest for school and future career?

List three (3) of your strengths?

List two (2) areas you would like grow in?

What are you hoping to get learn from this internship experience?

If you are interning for school, please provide your school and professor's name and contact information:

Employment Experience:

Do you have experience working with individuals with special needs? (please circle one) YES NO

*If YES, please indicate the approximate total hours you have accumulated working with this population:

Please list any previous relevant internship, employment, or volunteer locations:

Please list any languages you are fluent in: _____

Please show your availability in the table below. Mark an "X" in the box when available for entire time slot or indicate start and end times when appropriate.

	Monday	Tuesday	Wednesday	Thursday	Friday
Required Shift (Approximately 8:30am - 4:30pm)					

Are you able to pass a Department of Human Services criminal background check? _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on this application and resume is true, correct, complete, and made in good faith. I understand that false or fraudulent information on this application or resume, given during an interview, or at any other time during the internship process constitutes sufficient grounds for disqualification from further consideration of the internship program. In consideration of my internship, I will agree to abide by all practices and policies of the Minnesota Autism Center-

Signature	Date Signed
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