

# Olmsted County Health, Housing and Human Services

## INTERNSHIP APPLICATION

\* By filling out this application, the applicant is verifying the information provided to be true and accurate. Please complete this application and the Internship Application Supplemental Information and return both to [OCHHHInternships@olmstedcounty.gov](mailto:OCHHHInternships@olmstedcounty.gov).

### I. Identifying Information

A. Name:  Date:

B. Mailing Address:   
City:  State:  Zip:  County:

C. Email Address:  Phone:

D. School:  Major:  Year in School:

E. Advisor's Name:   
Email:  Phone:

F. Emergency Contact: Name:  Phone:

G. Current Degree / Licensure (if applicable):

### II. Internship Request

Type of Experience: ☐ Shadowing ☐ Field Experience

Internship: ☐ BSW ☐ Masters SW Clinical ☐ Masters Foundation

Number of Hours Requested:

A. Why are you interested in an internship with our agency?

B. What are your expectations of the internship? What do you hope to learn?

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C. What experiences, volunteer or paid, have you had that relate to this line of work?

D. What are your long-term professional goals?

E. Please indicate any involvement (past or present) that you, family member, friend, partner or acquaintance has had with the Criminal Justice System, Probation, or any services in Adult and/or Child & Family Services that could create a conflict of interest for you. (This would not necessarily preclude you from an internship with OCHHH).

☐ Yes      ☐ No      ☐ N/A

F. When would you like to intern?

1. ☐ Spring Semester ..... (Jan to May)
2. ☐ Summer ..... (May to Aug)
3. ☐ Fall Semester ..... (Aug to Dec)

**III. Area(s) of Interest:** Please mark from 1-3 the areas most interested in for DO Community Corrections, Children & family Services and Adult & Family Services. Under each area, please mark the boxes within those departments that interest you. We will do our best to accommodate

# ☐ **DO Community Corrections:**    ☐ Juvenile Probation    ☐ Adult Probation    ☐ Victim Services

# ☐ **Children & Family Services**

- ☐ Child Welfare
- ☐ Child Protection
- ☐ Early Intervention
- ☐ Youth Behavioral Health
- ☐ Child Foster Care / Child Care Licensing
- ☐ Afterhours Social Workers

# ☐ **Adult & Family Services:**    ☐ Adult Protection    ☐ Adult Foster Care    ☐ Aging & Care Coordination

☐ Housing Services      ☐ Integrated Behavioral health (Mental & Chemical Health Support Services)

☐ Disability Services (check one):    ☐ Youth    ☐ Adult