



INTERNSHIP REQUEST FORM

PERSONAL INFORMATION		
Full Name:		
Current Address:		
Permanent Address:		
Phone Number:	Email:	
Emergency Contact Name:		
Phone Number:		
SCHOOL INFORMATION		
College or University:		
Address:		
Year in School: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
<u>Degree:</u> <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	<u>Program of Study:</u> Major(s): Minor(s):	
PROFESSOR/INSTRUCTOR INFORMATION		
Name:	Phone:	Email:
INTERNSHIP DATES/TERM		
Please list the dates/terms you are hoping to complete an internship		
Beginning Date:	End Date:	
AVAILABILITY		
Sunday	Thursday	
Monday	Friday	
Tuesday	Saturday	
Wednesday	Other:	
SUMMARY OF INTEREST		
Please describe your areas of interest and goals for completing an internship with Tanager Place:		
BACKGROUND CHECK INFORMATION		
Do you have a record of founded child abuse in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted, plead guilty, or received a deferred sentence for a crime (misdemeanor or felony) in this state or any other state? (This includes and in not limited to OWI, DUI, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to any of the above, please explain (include dates if applicable):		
OFFICE USE ONLY:		



Dept. Placed:	Supervisor:
IT Related Needs (to be completed by Supervisor): 1. Email address needed? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Phone ext. needed? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Voice mailbox needed? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Identify any shared folder access Intern may need: 5. Any additional IT requests or comments:	
QI Related Needs (to be completed by supervisor): 1. Will intern need access to ClaimTrak? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Identify specific access requested (or who in the department access should mirror): 3. Any additional QI requests or comments:	

**** Please email completed form to employmentapps@tanagerplace.org ****