

Internship Questionnaire

Please email, fax or mail this form and a current resume to:

Florida Department of Education
Division of Vocational Rehabilitation
HRD Section, 2nd Floor
4070 Esplanade Way
Tallahassee, FL 32399-7016
Telephone: 850-245-3399 Fax: 850-245-3392

Website: **Rehab Works**
<http://www.rehabworks.org/>

Contact: Debra.Arnold@vr.fldoe.org

Name:

University:

Please answer questions 1-5 in narrative form (add additional pages if necessary):

1. Why are you interested in an Internship with the Florida Division of Vocational Rehabilitation?
2. With what type of client population are you most interested in working?
3. What are your plans for work following graduation? Professionally, where would you like to be in five years?
4. If you are selected for this internship, list two personal and two professional goals you would like to accomplish during the internship.
5. What internship experiences do you hope to have? What skills should you be able to demonstrate?

Internship Questionnaire

**DVR INTERNSHIP PROGRAM
STUDENT INTERN APPLICATION FORM**

Please place an X in the preferred box

	I am interested only in applying for the paid internship program and would not be interested in an unpaid internship if I am not selected for the paid internship program.
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	I am interested in applying for the paid internship program; however, if funds are not available or I do not qualify please consider my application for an unpaid internship placement.
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Name of Student:	Telephone:
Present Address:	Fax Number: <i>(optional)</i>
	E-mail Address:
University:	Major:
	Grad / Undergrad: <i>(circle or highlight one)</i>
Dates of Internship: (mm/dd/yy – mm/dd/yy)	Number of hours required by school:
Preference of Location for Internship Site	
City Site Choice #1:	City Site Choice #2:
Please describe any special accommodations you may require:	

EDUCATION

Date Expected to Graduate:

Academic Honors:

Extracurricular Activities:

Internship Questionnaire

Name:	
INTERN AND/OR PRACTICUM EXPERIENCE OR EMPLOYMENT	
Name of Agency:	
Address:	
Date:	(Month/Year) _____ To: (Month/Year) _____
Duties Performed:	
<hr style="border: 2px solid black;"/>	
Name of Agency:	
Address:	
Date:	(Month/Year) _____ To: (Month/Year) _____
Duties Performed:	
<hr style="border: 2px solid black;"/>	
Name of Agency:	
Address:	
Date:	(Month/Year) _____ To: (Month/Year) _____
Duties Performed:	
Remember to attach your resume to the Internship Questionnaire.	