

**DVR INTERNSHIP PROGRAM
STUDENT INTERN APPLICATION FORM**

Please choose a. or b.

- _____ a. 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.
- _____ b. 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.

Name of Student:	Telephone:
Present Address:	Fax Number (optional):
	E-mail Address:
University:	Major:
	(check one) Grad Undergrad
Dates of Internship:	Term:
Preferences of Location for Internship Site:	
City Site Choice #1:	City Site Choice #2:
Please describe any special accommodations you may need:	

EDUCATION

Date Expected to Graduate:
Academic Honors:
Extracurricular Activities:

Intern and/or Practicum Experience (please describe any rehabilitation-related employment)

Name of Agency	
Address	
Date	(Month/Year) _____ To: (Month/Year) _____
Duties Performed	
Name of Agency	
Address	
Date	(Month/Year) _____ To: (Month/Year) _____
Duties Performed	
Name of Agency	
Address	
Date	(Month/Year) _____ To: (Month/Year) _____
Duties Performed	

Name of Agency	
Address	
Date	(Month/Year) _____ To: (Month/Year) _____
Duties Performed	

Remember to include your résumé and an interpreting video sample