

# Hanul Family Alliance Internship Application Form

Date Completed: \_\_\_/\_\_\_/\_\_\_\_\_ (Mo/Day/Year)

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Home Address</b>		
<b>Home Telephone</b>		<b>Cellular Phone</b>
<b>Date of Birth</b> ___/___/_____ (Mo/Day/Year)		<b>Email Address</b>
<b>Name of School</b>		<b>Department</b>
<b>Degree/ Year</b>		<b>School Field Work Coordinator (if any)</b>
<b>Telephone (Field Work Coordinator)</b>		<b>Email Address (Field Work Coordinator)</b>
<b>School Address</b>		
<b>Internship hours required by your school?</b> <input type="checkbox"/> Yes-Hours Required: _____ <input type="checkbox"/> No	<b>Which program are you interested in?</b> <input type="checkbox"/> Summer (June – Aug) <input type="checkbox"/> Fall (Sep – Dec) <input type="checkbox"/> Spring (Jan – May)	<b>How long do you plan on doing your internship?</b> <input type="checkbox"/> 4 to 6 weeks <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> More than 3 months
<b>Areas of Interest (You may select more than one)</b> <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Nonprofit Administrations and Operations <input type="checkbox"/> Social Welfare Policies <input type="checkbox"/> Interested in working with a specific group of clientele? (i.e. elderly or disabled) Please specify: _____	<b>HFA Departments that you are interested in working with (You may select more than one)</b> <input type="checkbox"/> Senior Services Department <input type="checkbox"/> Children, Youth and Family Department <input type="checkbox"/> Legal and Immigration Department <input type="checkbox"/> Community Health Department <input type="checkbox"/> Culture and Education Department	
<b>Intended Internship Starting Date</b>		<b>Intended Internship Ending Date</b>
<b>Do you need housing arrangement during your internship period?</b> <input type="checkbox"/> Yes-For how long: _____ <input type="checkbox"/> No	<b>Do you have a car that you can drive to work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you need airport pick-up or drop-off?</b> Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No Departure <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If checked yes, you must provide flight information three days prior to your arrival or departure date.</small>
<b>Instruction - Please complete this application and submit it with your cover letter and resume. Mail or fax applications to:</b> Hanul Family Alliance – Internship Program 5008 N. Kedzie Ave Chicago, IL 60625 Fax – 773-478-8552 <b>Or Email to <a href="mailto:isohn@hanulusa.org">isohn@hanulusa.org</a> (Put “Hanul Internship Program” in the subject line)</b>		

**\*\*Completed application packet must be received 3 months prior to student’s intended internship starting date. All application items must be submitted as a complete package. Incomplete applications will not be reviewed\*\***