

**ALAMANCE COUNTY GOVERNMENT  
INTERNSHIP APPLICATION / IDENTIFICATION SHEET**

Date \_\_\_\_\_

Name \_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Local Address \_\_\_\_\_ Under 18 yr. Old? \_\_\_\_\_ If so, age\_\_\_\_\_

\_\_\_\_\_

Local Phone \_\_\_\_\_ Other Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone # \_\_\_\_\_

School/College/University \_\_\_\_\_

Degree Program \_\_\_\_\_ School Internship Supervisor \_\_\_\_\_

Please check the category that applies to you:

- Student Volunteer: Person is required to perform a given number of service hours in order to meet a class requirement.
- Intern: Person who earns course credit for on-site work experience with Alamance County while attending a school of higher education.

In which Department/Program Area(s) will you be working? \_\_\_\_\_

What hours are you available? (Be specific) \_\_\_\_\_

Total Hours needed (if you have a requirement).\_\_\_\_\_ Beginning date — — — to \_ \_ \_ \_ \_

Availability (Please check the days and times you are available)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

If you require special accommodations per the Americans with Disabilities Act, please indicate here.

Yes  No If yes, what accommodations will you need?

**PLEASE NOTE:** You may attach a resume and/or additional pages if you feel space is limited.

License/Certification/Degree required for Supervisor \_\_\_\_\_

ADDITIONAL INFORMATION: Please attach additional pages if necessary.

1. Please describe your experience, work or otherwise, which you feel may be helpful in the type of position in which you are interested.
2. What skills do you hope to gain or improve on during your experience?
3. How do you think that the Family Justice Center of Alamance County can contribute to your understanding of community service work?
4. Explain any special skills or interests that you have that could contribute to your experience.
5. What interests you about interning here?
6. What are your goals or objectives in terms of professional or personal development and what role does the Family Justice Center of Alamance County play?

Return to: Skye Sullivan, FJC  
1950 Martin Street  
Burlington, NC 27217  
(336) 570-6399; skye.sullivan@alamance-nc.com

**INTERNAL USE ONLY**

Student/Intern Placed: Yes \_\_\_ No \_\_\_ Location: \_\_\_\_\_

Total Hours for Placement: \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Supervisor: \_\_\_\_\_

Scheduled Working Days and times per on-site (Alamance County) internship supervisor?

\_\_\_\_\_

\_\_\_\_\_