



Turning Point Internship Application Form:

Name: _____ D.O.B _____ (mm/dd/yy)

Current Address: _____

Home/Cell Phone: (_____) _____

Email Address: **Personal & School**

_____ ~ ~ _____

IN CASE OF EMERGENCY CONTACT Name _____

Relationship _____ Phone: Cell: _____

I am applying for the Fall Spring Summer Semester.

Dates _____

What year are you in? _____ What is your Major? _____

Please indicate days & shifts you are available (Please note some departments are open until 9pm)

| Day | AM (9am-12pm) | PM (12pm-9pm) |
|-----------|---------------|---------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

Questionnaire:

Why do you want to intern at Turning Point? Is there a specific department you are interested in?

What would make you a good fit for TP as an intern?

If accepted into the program, what are 2-3 things you hope to learn or achieve while interning here?

Signature _____ Date _____

Return this form to Turning Point's Internship Coordinator once complete

Completed by TP Training & Internship Coordinator:

Accepted Internship Department: _____

Start Date _____ Internship End Date _____

Internship
Supervisor: _____ Signature _____ Date _____

_____ Date: _____

Training & Internship Coordinator Signature