



Today's Date:

Intern Program Application

Personal Information				
Last Name:		First name:	Phone number:	Email address:
Name of College or University Currently Attending:			Area of Study:	
Type of Degree				
Bachelors:		Masters:		
Doctorate:		Other:		
Area of Study			Degree Awarded Upon Completion? (e.g. MSW, MPH, etc.)	
Expected Graduation Date			____ / ____	
Does your School require that you complete this internship?			Yes	No
Will you receive school credit or a grade for this internship?			Yes	No
Days of the week and hours available for the internship?				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
What are the dates of your internship? (i.e. specific number of weeks/months or a defined start and end date)?				
Start Date: ____ / ____ End Date: ____ / ____				
Name of Intern Coordinator:				
Are you bilingual?		Yes	No	
What languages do you speak?				
How were you referred to AgeOptions?				
Does your internship supervision need any specific degrees, licenses, or experience? (i.e., MSW, LCSW, etc.) If so, please list here:				
Reflecting on the list of AgeOptions opportunities, please list which opportunities or experiences interest you:				



What skills, talents or expertise will you bring to AgeOptions?

Please describe why you would like to do an internship at AgeOptions:

Please describe your interest working with the older adult population:

Anything else you may wish to add:

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I understand that a criminal background check will be required for employment. I release all such persons or entities from any liability or damages on account of having furnished such information, and I release AgeOptions and its agents and employees from any liability for the use of such information.

I understand that prior to being offered an internship with AgeOptions I may be requested to take an employment examination. In the event I have a protected disability, which will affect my ability to take the test, I will so inform AgeOptions prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. AgeOptions reserves the right to require medical documentation concerning the need for the accommodation.

I understand that, if I am given an internship opportunity, I am required to abide by all rules and regulations of AgeOptions to comply with all current or subsequent policies and procedures in the Employee Handbook, any Policy and Procedure Manual, or other communications to employees. I further understand that AgeOptions policies and procedures and all employment terms and conditions are subject to modification by AgeOptions in its discretion without notice at any time.

I have read the above statement and I understand and accept it.

Intern's Signature: _____ Date: _____

Intern's Name: _____

Please submit this completed application, along with a resume and cover letter to HR@AgeOptions.org.

Human Resources
AgeOptions
1048 Lake Street, Suite 300
Oak Park, IL 60301
PH: 708-383-0258/FX: 708-524-0870