



Willamette Family, Inc.

INTERNSHIP APPLICATION

Contact and Personal Information:

First Name	Last Name	Preferred Name:
Preferred Pronouns	Mailing Address	
Phone Number	Email	
Primary Language Spoken	Other Languages Spoken	
Designated Emergency Contact	Relation	Phone

School/ Program Information:

School or Program Affiliation	Degree or Certification Path	Estimated Date of Placement	Estimated End Date of Placement
Field Instructor/ Liaison Contact Name	Field Instructor/ Liaison Email	Field Instructor/ Liaison Phone Number	
Please provide the qualifications needed of the site supervisor at Willamette Family, Inc. for your internship			
Other Notes or Comments you would like to provide about your School/ Program			

Please Submit complete applications to Internsvolunteers@wfts.org for placement consideration



Willamette Family, Inc.

Why Willamette Family?

Please share why you have chosen to apply to Willamette Family for your internship

Willamette Family Program Placement:

Willamette Family provides a wide continuum of services to the community please let us know which programs you are interested in placement with. We cannot guarantee placement with a particular program.

<input type="checkbox"/>	Detox and Sobering
<input type="checkbox"/>	Intake and Assessment
<input type="checkbox"/>	Men's Residential Substance Use Treatment
<input type="checkbox"/>	Women's Residential Substance Use Treatment
<input type="checkbox"/>	Outpatient Behavioral Health
<input type="checkbox"/>	Family Services
<input type="checkbox"/>	Early Childhood Education
<input type="checkbox"/>	Mental Health Services*

*Placement with Mental health service internships for licensure is rare, however undergraduate work can be accommodated at times.

Please share anything else that would help us better match you with the most appropriate program for internship placement

Desired Schedule/ Hours of Availability

Please Submit complete applications to Internsvolunteers@wfts.org for placement consideration



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Acknowledgments

_____ I, the applicant understand that submission of my application does not guarantee placement with an internship with Willamette Family

_____ I, the applicant understand that if placed with an internship I cannot be actively be receiving services from Willamette Family

_____ I, the applicant understand that if selected for placement I may be required to undergo a formal background check as required through the Department of Human Services prior to beginning on-site work at Willamette Family

Signature: _____ Date: _____
Printed Name: _____

	Submit this application to Internsvolunteers@wfts.org
	Please attach any school agreements, site requirements, or other documentation that may assist us in a placement decision
	Include a copy of your current resume

Equal Employment Opportunity Data

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Gender and Race Information

Check the appropriate box:

- ☐ *Male*
- ☐ *Female*
- ☐ ***X***

Please indicate your date of birth:

_____/_____/_____

Check the box for the racial or ethnic group with which you identify:

- ☐ *White (not Hispanic or Latino)*
- ☐ *Black or African American (A person having origins in any of the black racial groups of Africa)*
- ☐ *Hispanic or Latino (includes person of Mexican, Puerto Rican, Central American, South American or other Spanish origin or culture)*
- ☐ *Asian (Not Hispanic or Latino, includes peoples of the Far East, Southeast Asia, or the Indian Subcontinent)*
- ☐ *Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino, includes peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- ☐ *American Indian or Alaska Native (includes Central America, and those who maintain tribal affiliation or community attachment.)*
- ☐ *Two or More Races (Not Hispanic or Latino)*

Veteran Status Information

Please check the appropriate boxes below:

Status

- ☐ *Veteran*
- ☐ *Special Disabled Veteran*
- ☐ *Not applicable*

Veteran of

- ☐ *Iraq War*
- ☐ *Gulf War*
- ☐ *Korean Era*
- ☐ *Vietnam Era*
- ☐ *World War II*

Branch

- ☐ *Air Force*
- ☐ *Army*
- ☐ *Coast Guard*
- ☐ *Marines*
- ☐ *National Guard*
- ☐ *Navy*

Separation Date: ____/____/_____

Disability Information

Please check the appropriate boxes below:

- ☐ *Visually Impaired*
- ☐ *Hearing Impaired*
- ☐ *Wheel Chair Confined*