



## **CREOKS Practicum & Internship Program - Application**

### **Personal Information**

Name:		
Address:		
City:	State:	Zip Code:
Best Contact Number:		Email Address:

### **Academic Information**

College/University's Name:		Contact Person:
Phone Number:		Phone Number:
Website:		Email Address:
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

University's Name (Undergraduate Studies):		
Phone Number:		
Website:		
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

### **Practicum/Internship Program - Information**

What do you anticipate to gain from your practicum/internship experience?

Total Practicum/Internship Hours Required:	Date Available to Start:
Are you going to complete all your practicum/internship hours at CREOKS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please answer the following questions:	
List other agencies at which you are planning to do your practicum/internship:	
How many hours will you complete at CREOKS?	

### **Please indicate the tentative times you are available for your practicum/internship volunteer experience:**

Monday	Tuesday	Wednesday	Thursday	Friday

Once you have completed the application, please save it as a PDF and attach it to a brief email. Send to [internships@creoks.org](mailto:internships@creoks.org)