

The Eli Home
Internship Application

Name: _____ CDL #: _____ Date of Birth _____

Address: _____ City: _____ Zip _____

Telephone #: _____ Social Security # _____

Previous Address: _____

Marital Status: Married__ Single__ Divorced__ Widowed__

Referring School: _____ Department: _____

Fall semester _____ Anticipated Start date _____ Anticipated completion date _____
Year

Spring Semester: _____ Anticipated Start date _____ Anticipated completion date; _____
Year

Number of total hours needed _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Educational Background: _____

Personal References: 1. _____

2. _____

Previous Volunteer Experience: _____

In Case of Emergency Contact: _____

Address: _____ Phone: _____

On the backside or attach a brief statement concerning why you would like to complete your internship hour with the Eli Home and list any special talents you feel will benefit the organization.

Signature: _____ Date: _____