

**The Children's Home of Reading/CHOR Youth & Family Services, Inc.
Internship Profile**

Name: _____ **Date:** _____

Personal Information
 Mailing Address: _____

 Home Telephone: _____ Cell _____ School _____
 Email Address: _____

School Information
 Current College: _____
 Grade/Year: _____ Major: _____
 Degree Expected: _____ Expected Graduation Date:: _____

Professor Responsible for Intern Information
 Name: _____
 Contact Address: _____

 Phone Number: _____

Intern Information
 Intern Semester: _____ CHOR Program Desired: _____
 Potential Start Date: _____ Potential End Date: _____
 Number of Hours/Week: _____ Preferred Schedule: _____
 Degree/License Field Instructor needs to hold: _____

What are you hoping to gain from completing this internship at The Children's Home of Reading?

Applicant Signature: _____ Date: _____

Internal Use Only:

Field Instructor, complete this box:

Action Taken: _____ Accepted* _____ Rejected

***If intern will be going through orientation, CHOR needs to schedule a drug screen.
 Does this applicant require a drug screen? (Please circle): YES / NO**

 Authorized Department Signature Date

Program _____ Field Instructor _____

Final Approval:

 VP of Compliance Date

 HR Administrative Supervisor Date