

**APPLICATION FOR INTERNSHIP
CHILDREN'S AID SOCIETY OF ALABAMA**

Name _____ Email _____

Address _____

DOB _____ Phone _____

Emergency Contact Person _____ Phone _____

Highest level of education completed _____

Current School _____

Major field of study _____

Internship requirements (hrs per week) _____

Please note that all Children's Aid Society internships are unpaid.

Start Date _____ End Date _____

Current employer (fill in with n/a if not applicable) _____

Previous volunteer or work experience _____

Are you interested in a specific Children's Aid Society program area? Yes / No (Circle one)

If yes, which one? _____

Days/times you are available _____

Do you need any accommodation(s) _____

Can you provide transportation? Yes / No (Circle one)

Do you have a valid Alabama Driver's license? Yes / No (Circle one)

Please list your automobile insurance coverage limits (found on your automobile insurance card) _____

Signature

Date

Please return by email, fax or regular mail:

Email to: csandefur@childrensaid.org

Fax to 205-933-3004 ATTN: Caron Sandefur

Mail to: Caron Sandefur

**Children's Aid Society of Alabama
2141 14th Avenue
Birmingham, AL 35205**