







Internship Interest Form

Name: _____

Department:
School Year:
Type of Internship desired: (Please circle all that apply)
Human Services
Counseling
Case Management
Children's Services
Volunteer Projects
Community Relations/ PR
Special Events
Grant Writing
nformation Technology
Dates Available:
Hours Available:
Phone Number:
Email Address:

Thank you for your interest in interning with ForKids, inc!
We will be in contact with you.