



ROCK COUNTY HUMAN SERVICES DEPARTMENT

APPLICATION FOR INTERNSHIP EXPERIENCE

Date of Application: 1/7/2020

Name:
Address:
Phone Number:
Email Address:

Internship Start Date: End Date:

Educational Institution:

Academic Program:

Bachelor's or Master's:

Area of Interest (check all that apply):

- Adults (Mental Health)
Children (Mental Health)
AODA (Substance Use)
Crisis Intervention
Clinical
APS (Adult Protective Services)
ADRC (Aging & Disability)
Youth Justice
Child Protective Services
Children (Disabilities)
Other (Please specify)

Student Availability: (Total # of Hours/Week; Specify Days)

Please provide a short summary stating what knowledge and skills you hope to gain from the practicum/internship. If more than one area of interest has been checked, please indicate your first and second choice.

[Empty box for student summary]

Signature: Date:

Email Application & Resume to:
jodi.parson@co.rock.wi.us
Questions? Contact Jodi Parson at 608-757-5271

If you are applying on-line, please attach your resume.
Thank you.

FOR AGENCY USE ONLY

Interview Date: Program:
Program Supervisor: Div. Mgr. Approval:
Comments: