



FRIENDS, INC.

Advocacy • Empowerment • Prevention

P.O. Box 117, West Bend, WI 53095 262.334.7298 www.friendswi.org

Internship Application

Date: _____

Name:			
Address:			
			APT.
	City	State	ZIP
Phone:			
Email:			

Internship Details:

University/College Name:		
Level of Study	<input type="radio"/> Bachelor's	<input type="radio"/> Master's
Major:		
Minor:		
Internship Duration:	Internship Start Date:	Internship End Date:
Total Required Internship Hours		

Field Instructor Name:	
Phone:	
Email:	

Emergency Contact Name:	
Relationship	
Phone:	
Email:	

Applicant Signature: _____