



Student Intern Application

Last Name:	First Name:
Address:	
City:	State:
E-mail:	Zip:
H - Phone:	W - Phone
	C - Phone

College/University:			
Anticipated Degree:		Anticipated Completion:	
Course Title:		Total Hours Required:	
Dates and Times Available			
Instructor contact information :			
Name:			
Address:		City, St, Zip	
Phone #:		Fax #:	
E-mail:			
Start Date		Ending Date	

Special Training, Skills, Hobbies:	
Group/Organization Memberships:	
Prior Volunteer Service:	
List any experiences that may have prepared you to work with children with special needs:	
What attracted you to The Bell Center?	

Please attach a copy of your intern requirements.

Student Signature **Date**

Staff Signature: **Date**

Staff Signature: **Date** **Total Completed Hours**