



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

Information 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.*