



*Penetrating Lives for Lasting Change.*

6647 W. Mill. Road • Milwaukee, WI 53218 • 414.760.0334 • fax 414.760.0399

## UNIVERSITY INTERNSHIP APPLICATION

|                                                                                                               |  |                                        |      |                                |                                  |            |  |
|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------|------|--------------------------------|----------------------------------|------------|--|
| LAST NAME                                                                                                     |  | FIRST NAME                             |      | MIDDLE INITIAL                 |                                  |            |  |
| ADDRESS                                                                                                       |  | CITY                                   |      | STATE                          |                                  | ZIP        |  |
| E-MAIL                                                                                                        |  | PHONE                                  |      | CELL                           |                                  |            |  |
| BEST TIME TO CONTACT YOU                                                                                      |  | DATE OF BIRTH                          | MALE | FEMALE                         | SINGLE                           | MARRIED    |  |
| UNIVERSITY / COLLEGE YOU ATTEND                                                                               |  | YOUR FIELD SUPERVISOR / ADVISOR        |      | SUPERVISOR / ADVISOR'S PHONE # |                                  |            |  |
| 1 Check Your Area of Interest                                                                                 |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Undergraduate Internship - Social Work |      |                                | Graduate Internship - Counseling |            |  |
| 2 I am interested in a:                                                                                       |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | One semester internship                |      |                                | Two semester internship          |            |  |
| 3 Check the degree you are pursuing                                                                           |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | B.A.                                   | B.S. | BSW                            | Other:                           |            |  |
|                                                                                                               |  | M.A.                                   | M.S. | MSW                            |                                  |            |  |
| 4 Check your major                                                                                            |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Behavioral Science                     |      | Psychology                     |                                  |            |  |
|                                                                                                               |  | Counseling                             |      | Social Work                    |                                  |            |  |
|                                                                                                               |  | Counseling Psychology                  |      | Sociology                      |                                  | Other:     |  |
| 5 What year are you?                                                                                          |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Junior (undergraduate)                 |      | 1st Year (graduate)            |                                  |            |  |
|                                                                                                               |  | Senior (undergraduate)                 |      | 2nd Year (graduate)            |                                  |            |  |
| 6 When do you plan to graduate?                                                                               |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Year                                   |      | Month                          |                                  |            |  |
| 7 Have you completed and submitted the application for internship through your college or university?         |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Yes                                    |      |                                | No                               |            |  |
| 8 Is The Milwaukee Outreach Center an approved institution by your college or university for your internship? |  |                                        |      |                                |                                  |            |  |
|                                                                                                               |  | Yes                                    |      | No                             |                                  | Don't Know |  |

| 9 Check areas of interest you would like to explore during your internship                                                                                         |  |                                                             |    |                                                  |                   |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|----|--------------------------------------------------|-------------------|-----------|----|
| Graduate Counseling                                                                                                                                                |  | Undergraduate Social Work                                   |    |                                                  |                   |           |    |
| client intake assessments                                                                                                                                          |  | assisting clients in developing individual employment plans |    |                                                  |                   |           |    |
| family counseling                                                                                                                                                  |  | case management for clients searching for employment        |    |                                                  |                   |           |    |
| Interfacing with other cooperating organizations                                                                                                                   |  | client intake assessments                                   |    |                                                  |                   |           |    |
| joint counseling sessions with therapist                                                                                                                           |  | interfacing with other cooperating organizations            |    |                                                  |                   |           |    |
| marriage counseling                                                                                                                                                |  | joint counseling sessions with therapist                    |    |                                                  |                   |           |    |
| reporting and documentation                                                                                                                                        |  | measuring and compiling statistical achievement of goals    |    |                                                  |                   |           |    |
| supervision and case reviews                                                                                                                                       |  | reporting and documentation                                 |    |                                                  |                   |           |    |
| vocational counseling                                                                                                                                              |  | supervision and case reviews                                |    |                                                  |                   |           |    |
| Other (specify)                                                                                                                                                    |  | vocational counseling                                       |    |                                                  |                   |           |    |
| Other (specify)                                                                                                                                                    |  | Other (specify)                                             |    |                                                  |                   |           |    |
| 10 Are you willing to work with clients who struggle with unemployment, criminal histories, drug abuse, family issues, and limited education?                      |  |                                                             |    |                                                  |                   |           |    |
| Yes                                                                                                                                                                |  | This will be a new experience for me                        |    |                                                  |                   |           |    |
| No                                                                                                                                                                 |  | I have some urban social service experience                 |    |                                                  |                   |           |    |
| 11 When would you be available to begin your internship?                                                                                                           |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  | Date:                                                       |    |                                                  |                   |           |    |
| 12 How many hours a week would you be available?                                                                                                                   |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  | 10                                                          | 20 | Other                                            |                   |           |    |
| 13 When would you conclude your internship?                                                                                                                        |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  | Date:                                                       |    |                                                  |                   |           |    |
| 14 Upon completion of your degree, what are your plans?                                                                                                            |  |                                                             |    |                                                  |                   |           |    |
| 15 List other colleges or universities you have attended and your high school.                                                                                     |  |                                                             |    |                                                  |                   |           |    |
| College/University                                                                                                                                                 |  |                                                             |    | Location                                         | Dates Attended    | Graduate? |    |
|                                                                                                                                                                    |  |                                                             |    |                                                  |                   | yes       | no |
|                                                                                                                                                                    |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  |                                                             |    |                                                  |                   |           |    |
| High School                                                                                                                                                        |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  |                                                             |    |                                                  |                   |           |    |
|                                                                                                                                                                    |  |                                                             |    |                                                  |                   |           |    |
| 16 Are you willing to uphold the mission and core values of The Milwaukee Outreach Center?                                                                         |  |                                                             |    |                                                  |                   |           |    |
| Yes                                                                                                                                                                |  | No                                                          |    | I have not reviewed your mission and core values |                   |           |    |
| 17 Our internship process may include a background check. At the time of your interview, we may ask you for your Social Security number. Would you object to this? |  |                                                             |    |                                                  |                   |           |    |
| Yes                                                                                                                                                                |  | No                                                          |    |                                                  |                   |           |    |
| <b>THANK YOU FOR COMPLETING THIS APPLICATION. WE WILL RESPOND QUICKLY TO YOUR REQUEST</b>                                                                          |  |                                                             |    |                                                  |                   |           |    |
| Your Signature                                                                                                                                                     |  | Today's Date                                                |    | Date Approved                                    | Official Approval |           |    |