

**Jackson County Department on Aging
Student Internship Application**

Student Information

Date: _____

Name: _____
Address: _____
Phone: _____
E-Mail: _____

College Information:

Name: _____
Address: _____
Field Supervisor: _____
Field Supervisor Phone: _____
Concentration/Program: _____
Desired Degree: _____
Estimated Completion Date _____
Current Degree (s): _____

Internship Information

Number of Hours Needed: _____
Days/Time Available: _____
Anticipated start and end date of field placement:

Why do you want to do your field placement at the Department on Aging?

What do you hope to learn/accomplish at your field placement?

What is your prior experience in working with older adults?

