



## Internship Application

### Contact Information

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Internship Information

University: \_\_\_\_\_

Degree and program: \_\_\_\_\_

Required number of hours: \_\_\_\_\_

Minimum hours per week: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Availability (days and times): \_\_\_\_\_

\_\_\_\_\_

Does your program require that your placement supervisor have a specific degree or certification? \_\_\_\_\_

Does your program require you to complete any special events, projects, etc.?

\_\_\_\_\_

What semester are you looking to intern? \_\_\_\_\_

Are there any other program requirements we should be aware of?

\_\_\_\_\_

Please complete this form and send it along with your resume to  
brittany@rideatstar.org or mail to  
11800 Highway 11E. Lenoir City, TN 37772

