



More than a Chance, A Change

## Intern Application

*Please send a completed application and your resume to Caroline Clipper, LPC-MHSP at  
cclipper@dismas.org*

Date of application: \_\_\_\_\_

Name (including preferred name): \_\_\_\_\_

Pronouns: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact name and relationship: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

School and program: \_\_\_\_\_

Anticipated Graduation: \_\_\_\_\_

Required clinical hours: \_\_\_\_\_ Expected hours to work each week: \_\_\_\_\_

Semester(s) interested in interning: \_\_\_\_\_

Weekly schedule (hours and days) available to be onsite: \_\_\_\_\_

\_\_\_\_\_

Name and email of school supervisor/advisor: \_\_\_\_\_

\_\_\_\_\_

**Why do you want to intern at Dismas House and/or work with previously incarcerated men?**



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**How did you hear about Dismas House?**

**Please list strengths and skills that will help you work as part of the Dismas team:**