



More than a Chance, A Change

Intern Application

*Please send a completed application and your resume to Kim Morris, LCSW, at
kmorris@dismas.org*

Date of application: _____

Name (including preferred name): _____

Pronouns: _____ Are you 18 years or older? Yes _____ No _____

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: