REQUEST FOR INTERNSHIP PLACEMENT[[1]](#footnote-1)

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

WKU ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Are you presently working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Days which you work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Will you have access to a car during your internship assignment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Write a brief autobiographic sketch which includes pertinent information about your life, work, volunteer, and educational experience(s) (attach a separate sheet if necessary)..

In as much detail as possible, please describe the learning opportunities you hope to experience via your field placement (attach a separate sheet if necessary).

**Placement Interests**

Will you be completing the Criminology Internship (CRIM 439) **OR** the Sociology Internship (SOCL 494)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Semester for which you desire an internship placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

County/location in which you are requesting placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If known: Specific Agency in which you would like to be placed (include location details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Areas of interest**

**POPULATION:** Mark the populations which you wish to be placed (For your first choice, place #1, for second choice, #2, and so on).

\_­­\_\_\_\_\_\_Adolescents \_­­\_\_\_\_\_\_Adults

\_­­\_\_\_\_\_\_Children \_­­\_\_\_\_\_\_Elderly

\_­­\_\_\_\_\_\_Diverse/Multicultural groups \_­­\_\_\_\_\_\_Mentally Ill

\_­­\_\_\_\_\_\_Women \_­­\_\_\_\_\_\_Families

**TYPE OF SERVICE:** Mark the types of service which you wish to be placed (For your first choice, place #1, for second choice, #2, and so on).

\_­­\_\_\_\_\_\_Probation & Parole \_­­\_\_\_\_\_\_Alcohol/Drug program

\_­­\_\_\_\_\_\_ “Other” community Corrections \_­­\_\_\_\_\_\_Police

\_­­\_\_\_\_\_\_Correctional Institution \_­­\_\_\_\_\_\_Pretrial release

\_­­\_\_\_\_\_\_Law Office (including County Attny.) \_­­\_\_\_\_\_\_Courts

\_­­\_\_\_\_\_\_Community Action \_­­\_\_\_\_\_\_Public Assistance/Social Welfare

\_­­\_\_\_\_\_\_Non-Profit Community Org. \_­­\_\_\_\_\_\_Federal Agency

\_­­\_\_\_\_\_\_Research Organization \_­­\_\_\_\_\_\_Educational Program

\_­­\_\_\_\_\_\_Mental Health Care \_­­\_\_\_\_\_\_Health Care

I hereby authorize the Western Kentucky University Department of Sociology Internship Coordinator to release information concerning my educational qualifications to any agency considering me for an internship placement.

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

Student Signature Date

1. Return a copy of this form to an internship coordinator (Dr. Holli Drummond holli.drummond@wku.edu in Grise Hall 108; OR via post to the address below). [↑](#footnote-ref-1)