

**STUDENT/INTERNSHIP APPLICATION
AREA SUBSTANCE ABUSE COUNCIL**

Name: _____ **Email Address:** _____

Address: _____
(Street, City and ZIP)

Primary Phone: _____ **Secondary Phone:** _____

In Case of Emergency Contact: _____
(Name and phone number)

Name of College/University: _____

Number of Hours Needed: _____ (Please note weekly, monthly, or total)

Is this an Internship or School Volunteer/Community Service Requirement? _____

Volunteer/Internship Start Date: _____ **Completion Date:** _____

Please identify your clientele, treatment level, and location preferences:

<input type="checkbox"/> Adults	<input type="checkbox"/> Youth	<input type="checkbox"/> No Preference
<input type="checkbox"/> Residential	<input type="checkbox"/> Outpatient	<input type="checkbox"/> No Preference
<input type="checkbox"/> Linn County	<input type="checkbox"/> Benton County	<input type="checkbox"/> Jones County
<input type="checkbox"/> Clinton County	<input type="checkbox"/> Jackson County	

Please Explain the Program Requirements and Your Reason for Wanting to do Your Internship or Volunteer Experience at ASAC (include the name of your school program or degree you are pursuing, year in school, and if clinical supervision is required)

Attach any additional information regarding school requirements for volunteer sites/agencies.

Signature _____
Date

Submit this application form along with a current resume and cover letter to ASAC Volunteer Coordinator, Area Substance Abuse Council, 3601 16th Avenue SW, Cedar Rapids, IA 52404