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<b>Center Use Only:</b> Date received: _____ Interviewer: _____
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# Recovery Services

## STUDENT INTERN/ VOLUNTEER APPLICATION PACKET

*Instructions: Instructions: Please complete all sections. Once we receive your Application Form, we will contact you for an interview. Please attach a resume or CV. You can email or fax your application to Sarah Satgunam at [ssat@bu.edu](mailto:ssat@bu.edu) or fax 617-353-7700*

**Today's Date:** \_\_\_\_\_

### PART 1: CONTACT INFORMATION

**Name:** \_\_\_\_\_  
[Last Name] [First] [Middle Initial]

**Mailing Address** \_\_\_\_\_  
[Street] [Apartment/Suite Number]  
\_\_\_\_\_ [City/Town] [State] [Zip Code]

**Phone:** \_\_\_\_\_  
[Home] [Cell] [Best Time to Call]

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

## PART 2: EDUCATION

**Section A:**

Are you currently a Student?  Yes  No

If yes, what level?  Associate's  Bachelor's  Master's  Post-Master's  
 Peer advisor/counselor/educator  Other \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Are you currently enrolled in a particular school or training program?  Yes  No

If yes, where? \_\_\_\_\_

**Section B:**

Internship/Placement
Name of course/program which you are doing your internship/Placement:
Instructor/Advisor's Name:
Email:
Number of Hours required for internship/placement:
What are the requirements of this internship/placement? Please describe:

**Section C:**

Do you write or speak any languages other than English? (✓One)  Yes  No  
 If Yes, which ones?

	Speak	Write
	Speak	Write
	Speak	Write

## PART 3: EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact the following person:

Name:

Relationship:

Address:

Phone (Primary):

Phone (Secondary):

Name:

Relationship:

Address:

Phone (Primary):

Phone (Secondary):

Do you have any medical problems or allergies that we should be aware of in the unlikely event of any emergency?  
(Please describe)

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## PART 4: INTERESTS & GOALS

Why are you interested in doing an internship at the Center?

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What do you hope to learn or experience by working at the Center?

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Are there any particular aspects of our programs that interest you? Please describe.

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Please use the space below to tell us anything else you'd like to about yourself or your interest in being an intern at the Center.

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## PART 5: PRIOR EXPERIENCE/ AVAILABILITY

Please list below any previous volunteer/training/work experiences you feel would be useful for your work at the Center:

Dates	Location	Activities

Please list below 2 personal or professional references (non-family):

Name	Relationship	Address	Phone

Please tell us about your schedule – what days/times are you available?

*[Note: The Center is open Tuesday, Thursday & Friday 9:00AM – 5:00PM]*

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					
<b>Evening</b>					

How did you find out about our services? (✓ All that applies)

<input type="checkbox"/> Word of mouth from friend/student	<input type="checkbox"/> Presentation
<input type="checkbox"/> Word of mouth from family/relative	<input type="checkbox"/> Mental Health Agency
<input type="checkbox"/> Current/Former Recovery Center Participant	<input type="checkbox"/> Printed materials
<input type="checkbox"/> Academic Faculty/Instructor	<input type="checkbox"/> Recovery Center website
<input type="checkbox"/> Recovery Center Staff	<input type="checkbox"/> Other _____