



Sarah Satgunam
Center for Psychiatric Rehabilitation
940 Commonwealth Avenue, West
Boston, MA 02215
Fax: (617) 353-7700
Phone: (617) 353-3549
ssat@bu.edu
cpr.bu.edu

Center Use Only: Date received: _____ Interviewer: _____

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 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)

PART 4: INTERESTS & GOALS

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

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

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

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.

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
Morning					
Afternoon					
Evening					

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 _____