Self-Designed Internship Application Clackamas County Resolution Services

Name:	Today's Date:				
First	Middle	Last	· ·		
CONTACT	INFORMATION				
Address:	Street address	City	State	Zip	
Phone(s)	Home	Work	Cell		
	ontact information:				
Name			Relationship to You:		
Address:	Street address	City	State	Zip	
Phone(s)	Home	Work	Cell		
EDUCATION Degree Dates of Attendance School School Location					
Degree	Duies of Air	school school	School Location		
DEMOGRAPHIC INFORMATION Resolution Services seeks applicants who represent the diversity of the communities we serve. We serve all residents of Clackamas County inclusive of their race, religion, color, national origin, sex, gender identity, age, marital status, sexual orientation, disability, or political affiliation. All qualified persons are encouraged to apply for this internship, and full consideration will be given to each application based solely on factors related to the duties of the internship. The staff and interns are required to meet this standard of nondiscrimination in their relations with other employees and their dealings with the public.					
	is invited, but not rec her interest in this int		at identifies his or her cultural ident	ities as they	
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TRAINING AND EXPERIENCE Please describe any previous training an/or experience you have had relevant to the internship you a proposing.	are
INTERNSHIP PROPOSAL Please describe in detail your proposal for an internship with Resolution Services. Include your requirements for supervision, projects or work experiences you would include, days and hours you wavailable for the internship, information about your school program's requirements if you will be conducting this internship in connection with a school program, and any other information you believely and the consider in support of your application.	
Applicant Signature Date	