For NC Division of Vocational Rehabilitation Services

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| --- | --- | --- | --- |
| Name: |       | Date: |       |
| Address Line 1: |                **,**            | Email: |       |
|  |  | Phone #: |       |
| City, State Zip: |  | Phone #: |       |
|  |
| University / Degree/ Major: | **/       /** |
| University Internship Coordinator / Phone Number: | **/** |
| Semester / Total Internship Hours: | **/** |
|  |
| Desired Intern Locations: | 1st |       |
|  | 2nd |       |
| Practicum Volunteer Expereince: (16 hours only) [ ]  Yes  |
|  |
|  |
| Do you have an interest in working with a specific population, and if so which one? [ ]  No [ ]  Yes |
|  *Comments:*  |
| Do you require a CRC as your internship supervisor? [ ]  No [ ]  Yes |
| If the VR field-site supervisor is not a CRC, will your university’s faculty member provide the additional supervision? [ ]  No [ ]  Yes |
| Do you need any accommodations, and if so please elaborate. [ ]  No [ ]  Yes |
|  *Comments*  |
| Have you ever been employed by the State of North Carolina? [ ]  Never [ ]  Currently [ ]  Previously |
|  If previously employed by the State of NC provide employment dates.       |
| What was your reason for leaving? |       |
|  |
| How did you hear about this internship opportunity? [ ]  Print Advertisement [ ]  College Advisor [ ]  Other:  |
|  ***Please note that all internship placements and approvals are contingent upon successful completion of drug testing and background checks.*** |
| On the next page (using 500 words or less) please enter your name again and explain why you want to intern with NC DVRS and describe any additional qualifications you have to contribute as NC DVRS helps people with disabilities gain employment and live independently*.* |
| ***This section to be completed by Vocational Rehabilitation Unit Manager***  |
| Internship Placement: |  |
| Internship Supervisor: |  |
| Start Date: |  |  | End Date: |  |
| Approved By: |  | Unit Manager  |
|  |  |  |
|  |  |  |
| **Applicant Explanation & Additional Qualifications Section** |
| Name:        |