



PREVENT • TREAT • RECOVER

## STUDENT/INTERNSHIP APPLICATION

### AREA SUBSTANCE ABUSE COUNCIL

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

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

Number of Hours Needed: \_\_\_\_\_ (Weekly, Monthly or Total?)

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Please identify preferences for program or location:

Adults  Youth  Women and Children  Residential  Outpatient

Linn County  Jones County  Benton County  Jackson County  Clinton County

Please explain your program requirements and your reason for wanting to do your internship or student experience with ASAC (including the degree you are earning, year in school and supervision requirements): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Information that you think might be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....  
*I certify that the information presented in this application is true and accurate.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date