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[www.harfordmentalhealth.org](http://www.harfordmentalhealth.org)

## Internship Application

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Start-End Dates: \_\_\_\_\_

College/school Information:

Contact Person: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Number of hours required: \_\_\_\_\_

Major: \_\_\_\_\_

Student Professional Liability Insurance Policy: \_\_\_\_\_

\*\*\*Please attach forms needed to be completed during internship.

What type of internship are you seeking?

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Please provide Day and Hours you are available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please note all applicants must be at least 18 yrs of age and qualified to work in the U.S for any employer for an indefinite period of time. All internship positions are NOT paid.

Please email completed applications to Taylor Kosinski at [Tkosinski@harfordmentalhealth.org](mailto:Tkosinski@harfordmentalhealth.org) or fax to 410-803-8732.