



2231 Conowingo Road Suite A
Bel Air, MD 21015
P: 410.803.8726
F: 410.803.8732

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?

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 or fax to 410-803-8732.