

DELTA CENTER FOR INDEPENDENT LIVING INTERNSHIP APPLICATION

Name: * Required

Address: *

City: *

State: *

Zip: *

Phone: *

Email: *

College or University: *

Major: *

Desired Length of Internship: *

Semester: *(check one)* Winter Summer Spring Fall

Dates: *

Hours Required: *

Advisor's Name: *

Advisor's Address: *

Advisor's Phone: *

Education and Experience Related to the Disabled Field:

** (also forward us your resume)*

Briefly explain your desire to do an internship with our agency: *

Please list at least one reference with a phone number and address: *

Submit Application

Reset

Please also send a resume to: info@dcil.org