

After you've completed this form, please email it and your resume to kelly.mincey@familypartnerships.org

First and Last Name _____

Phone _____ Email _____

Current School and Pursued Degree(if MSW include if you need clinical or generalist hours)

Proposed Start Date of Internship _____ Proposed End Date of Internship _____

Length of Internship/Intern Hours Needed Per Week _____

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Internship/s of Interest

- Behavioral Health
- Child Welfare/Dependency Case Management
- Development and Engagement
- Graphic Design
- Marketing and Communication
- Prevention and Diversion
- Training and Professional Development
- Training, National Center for Innovation and Excellence
- Youth Services

Select the counties in which you are interested in interning.

- Brevard
- Orange
- Osceola
- Seminole
- No Preference