



GREENVILLE'S CHOICE FOR SENIOR LIVING

Intern Application

Name: _____

Current Address: _____

Permanent Address (If different from above): _____

Phone number: _____ **Email Address:** _____

Reason for internship (list class name and number)

Goal for internship: _____

Who are you seeking an internship with? (Name, if known, or position):

Hours needed: _____ **Times available:** _____

Teacher or professor name: _____

Phone number: _____ **E-mail address:** _____

Mailing address: _____

**Do you have any relatives who live or work or have lived or worked at Cg?
If yes, please list names.** _____

Have you ever worked at Cypress Glen before? _____

Education:

High School _____

Did you graduate? _____

College _____

Did you graduate? _____

Work Experience:

Employer: _____

Position: _____

Dates of service: _____

Reason for leaving: _____

Employer: _____

Position: _____

Dates of service: _____

Reason for leaving: _____

Employer: _____

Position: _____

Dates of service: _____

Reason for leaving: _____

Intern and or Volunteer Experiences:

Organization: _____

Position: _____

Dates of intern or volunteer service: _____

Organization: _____

Position: _____

Dates of intern or volunteer service: _____

Organization: _____

Position: _____

Dates of intern or volunteer service: _____

Special skills or talents you can bring to Cypress Glen: _____

I certify that information is accurate and true.

Signature _____ Date _____

Attach copy of syllabus or course description or other pertinent information.

Emergency contact name: _____

Relationship: _____

Address: _____

Phone number(s): _____

If you are 17 years old or younger, please bring a permission letter from a parent or guardian

I understand Cypress Glen Retirement Community will check my name and Social Security number on the Health Care Personnel Registry and the Office of Inspector General's Website as required under the guidelines of their Corporate Compliance Program. These websites would list anyone who has a listing of Abuse, Neglect, or Medicare Fraud and names listed would not be eligible for employment or volunteer services at Cypress Glen Retirement Community.

Applicant Signature

Date

If selected to participate in the internship at Cypress Glen, do you agree to abide by the, do you agree to abide by the rules and regulations established by this facility?

Yes

No

Applicant Signature

Date