



# Office of Aging

**BOARD OF COMMISSIONERS**

MARK HIGGINS, *Chair*  
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**DIRECTOR**  
QUENTIN BURCHFIELD

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## Application for Internship

*Please review Internship Policy before applying*

### Personal Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

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

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

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a crime other than a minor vehicle offence? Y/N

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have access to a vehicle that you would be willing to use during the internship?  Yes  
 No

Do you have a Valid PA Driver's License?  Yes  No

Were you referred to our program by an affiliate of Centre County?  Yes  No

If so, by whom? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

## Educational Background

What semester are you requesting an internship? \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Advisor / Counselor Contact Information: \_\_\_\_\_

\_\_\_\_\_

| Education           | Name of School | Years Completed | Diploma / GED | Course of study |
|---------------------|----------------|-----------------|---------------|-----------------|
| High School         |                |                 |               |                 |
| College / Undergrad |                |                 |               |                 |
| Graduate            |                |                 |               |                 |
| Trade / Other       |                |                 |               |                 |

List professional certificates, apprenticeships, specialized training or foreign language skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate ALL of the times that you would be available for an internship: (office hours are 8:30am – 5pm)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

Please list the number of hours needed to satisfy internship requirements: \_\_\_\_\_

**In Case of Emergency Contact the following (mandatory 3 contacts):**

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
|      |         |              |              |
|      |         |              |              |
|      |         |              |              |

**Acknowledgement:**

I hereby give the Centre County Office of Aging the right to make a thorough investigation into my employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold the Centre County Office of Aging from any liability which might result from such an investigation.

I further understand a background check shall be conducted to determine any suitability in accordance with the Missions, Policy, and Procedures of Centre County Government. I further agree to provide the necessary information to conduct such inquiries.

I further agree to adhere to the same standard of confidentiality that Centre County Office of Aging Staff are required to by law and to adhere to all policies and procedures.

By signing below, I attest that the information provided in this application is true and correct to the best of my knowledge.

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Signature

Date

*Thank you for your interest in an internship with the Centre County Office of Aging. A member of our staff will contact you regarding the status of your application.*