



SPERO FAMILY SERVICES

HOPE • HELP • HEALING

Intern Application

Date _____

Name _____

Current Address _____

City _____ State _____ Zip _____

Email _____ Telephone # _____

What is the first date you are available to start your internship hours? _____

Do you have a valid Illinois Driver's License? Yes No

Are you at least 21 years of age? Yes No

School Currently Attending _____

Degree Seeking: _____ Major: _____

Is an internship required for your degree/major? _____

Internship/Program Contact: _____
(name) (phone/email)

How many hours do you attend school (per week)? _____

How many internship hours do you need (per semester)? _____

Internship Length: 1 semester 2 semesters Other

Internship Start Date: _____ End Date: _____

What days and times are you most interested in doing your internship hours? _____

Please email your resume and cover letter to amber.overstreet@sperofs.org

What month/year will you receive your degree? _____

How did you learn about our agency? _____

Do you have any friends/relatives who are employed by Spero? Yes No

If yes, who? _____

Why do you want to intern with Spero Family Services?

What are the requirements for your internship? (hours, supervision, etc)

Do you have any questions?

Please email your resume and cover letter to amber.overstreet@sperofs.org