



Internship Application

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Mobile Carrier: _____

College/University: _____ Graduation Date: _____

Major: _____ Degree you are working towards: _____

Internship Information:

Type of internship for which you are applying: (Please circle one)

Observation Hours/Clinicals Full Internship

Number of hours you are requesting: _____

Please fill in the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Scheduling Notes/Specifications:



Internship Goals:

1. What are your professional development goals that you hope to reach during your internship and how will you reach them?

2. Describe your interpreting weakness in both voice-to-sign and sign-to-voice interpreting:

3. Describe your interpreting strengths in both voice-to-sign and sign-to-voice interpreting:

4. How would you rate your interpreting skills? Below average, average, or above average and why?

5. What are your goals for further education and interpreting employment after graduation and how will you achieve them?

6. Use 5 words to describe yourself:

7. Why do you want to become an interpreter? Please indicate any special skills, interests, and/or training.



References:

Please provide two professional references.

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long have you known this reference? _____

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long have you known this reference? _____

Attachments: Please submit the following materials as part of your application.

***Resume and Personal Statement:** Please include a cover letter with short statement as to why you would like to complete your internship with ASLIS. Attach your resume listing relevant coursework, work experience, and other experience that relates to the internship position for which you are applying.

***Reference letters:** Please include a letter of reference from each of the references listed above.

***Video Submission Requirements:** Go to <https://aslis.com/internship/> and follow the instructions for video submission requirements.

After your submission is complete, your video and application will be reviewed. If you have any questions regarding the submission process please contact Kassy Carlson, Internship Coordinator, via email: kassy@aslis.com or phone: (763) 478-8963.



Signature Page

Please sign and return completed application and attachments to:

ASL Interpreting Services
Attn: Kassy Carlson
5801 Duluth Street, Suite 106
Golden Valley, MN 55422
V: 763-478-8963 Fax: 763-478-3093
Email: kassy@aslis.com

By signing this form, I, _____ (applicant's name), indicate that I am a good candidate to intern with ASLIS and have completed the necessary forms and submissions required.

Signature of applicant: _____ Date: _____

Advisor/Professor Contact Information and Signature:

Advisor/Professor: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By signing this form I am aware that _____ (applicant's name) is applying for an internship position with ASLIS for _____ (list kind of internship i.e. observation/clinical hours, full internship etc). I agree that the above applicant is a good candidate to intern with ASLIS. I believe this applicant holds the baseline skills and abilities to succeed in their internship and displays the necessary skills to intern in a freelance setting (i.e. organized, punctual, good attitude, professional, motivated, and takes initiative).

Signature of Advisor/Professor: _____ Date: _____

Notes/Comments:
