**Fairfax County Department of Family Services**

**Internship Application**

Thank you for your interest in the Fairfax County Department of Family Services Internship Program. Please return your completed application form to: [Kristina.Kallini@fairfaxcounty.gov](mailto:Kristina.Kallini@fairfaxcounty.gov) along with a copy of your resume.

**Applicant Information**

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| Last Name: | First Name: |
| Name of College or University: | |
| Type of Degree (MSW, Counseling, etc.): | |
| Status/Year (Undergrad Senior, Master’s 1st year, Masters 2nd year, etc.): | |
| Status (full-time or part-time student): | |
| Email Address: | |
| Phone Number: | |
| \*BSW or MSW Stipend Student (yes or no) | |
| Valid Drivers License and access to a personal vehicle is required (yes or no) | |

**Internship Information**

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| Number of hours per week required for internship: |
| Requested internship approximate start and end date: (please be specific on both start and end dates) |
| Availability: |
| Preferred area of focus (Check all areas of interest. If more than one area is selected, please indicate your first choice with an asterisk.):  \_\_\_ Children and Family Issues (Child Protection, Foster Care, Adoption, Protection and Preservation, Healthy Families, and Prevention Services.)  \_\_\_ Domestic Abuse and Sexual Assault (separate application-please contact Mary Hager)  \_\_\_ Aging and the Elderly (Adult Protection or Aging Services)  \_\_\_ Social Change/Administrative Policy  \_\_\_ Financial and Medical Assistance Programs  \_\_\_ Employment and Training |
| DFS offices where you are willing to intern (Check all that apply. Please indicate your first choice with an asterisk):  \_\_\_ Annandale – 7611 Little River Turnpike, Annandale, VA  \_\_\_ Fairfax/Fair Oaks – 12011 Government Center Parkway, Fairfax, Va  \_\_\_ Reston – 1850 Cameron Glen Drive, Reston VA  \_\_\_ South County (near Ft. Belvoir on Rt. 1) 8350 Richmond Highway, Alexandria, VA 22309 |
| Are there any requirements your agency supervisor must have in order to supervise your internship? |

**University Internship Program Coordinator/Contact**

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| Name: |
| Phone Number: |
| Email: |

**Experience, Skills, and Interests**

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| Languages spoken fluently: |
| Relevant Volunteer or Work Experience: |
| Why do you want to intern with the Department of Family Services and what specific experiences do you hope to gain? |
| Describe your professional goals for after graduation. |