

Internship Application		
GENERAL INFORMATION		
Name:	Email:	
Office:	Cell:	Home:
Address:		
City:	State:	ZIP Code:
EDUCATION AND SKILLS (please circle or fill in)		
Are you currently enrolled in school? Y N	School:	Program:
Are you a recent graduate? Y N	Graduation Month/Year:	Degree/Certification:
List any other certificates held (ex. Phlebotomy, Medical Assisting):		
Are you a student or upcoming student wanting to meet clinical requirements for pre/post graduate programs and/or applications? Y N		
How many clinical hours are you required to have?	Are you bilingual? Y N language/fluency:	
Do you have volunteer healthcare experience? Y N If so, where?		
AVAILABILITY		
GS internships are for a minimum four (4) to six (6) months and require a commitment of one (1) full clinic day or two (2) half clinic days a week		
What is your available start date?	What is your projected end date?	
What is your availability? (please circle below)		
Monday	Tuesday	Wednesday
Thursday	Friday	Saturday
Morning	Morning	Morning
Morning	Morning	Morning
Afternoon	Afternoon	Afternoon
Afternoon	n/a	n/a
SPIRITUAL BACKGROUND		
Church Membership:	Denomination:	
FUTURE PLANS		
Are you pursuing a career in health care (circle)? MD/DO PA NP RN Other: _____ Unsure		
EMPLOYMENT HISTORY		
Employer	Month/Year – Month/Year	Job Title
HOBBIES/INTERESTS		
Please share with us something unique about you. What are your hobbies? What excites you or gives you joy?		

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<b>NARRATIVE</b>		
What motivated you to apply for an internship at Good Samaritan? Tell us how you plan to add value supporting our mission.		
How would an internship with us move you toward fulfilling your career or life goals?		
Have you ever voluntarily or involuntarily been suspended, restricted, or terminated from any affiliation or relationship with any school or educational facility?    Y    N	Have you ever received a formal reprimand or disciplinary action or been subject of disciplinary proceedings or investigation at any school, hospital, or health care facility?    Y    N	
Do you have or have you ever had a physical or mental condition (including drug or alcohol abuse) that could affect your ability to exercise the activities associated with this internship or would require accommodation in order for you to perform activities requested in a safe and component manner?    Y    N		
Answering yes to the three above questions will require some additional documentation. We will review		
<b>REFERENCES</b> (Please provide one academic and one personal reference)		
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
<b>SIGNATURE</b>		
<b>Signature of applicant:</b>	<b>Date:</b>	
To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, I may be disqualified from consideration or released from the internship program.		

Please return this application to  
**Latrice Dudley, Volunteer Manager**  
 (P) 678-553-4906 ■ [latrice@goodsamatlanta.org](mailto:latrice@goodsamatlanta.org)  
 1015 Donald Lee Hollowell Parkway Atlanta, GA 30318

Applications will be reviewed by the Good Samaritan medical team as an initial screening. Candidates who fit into our current clinic needs, availability, skill set and future goals, will then be called for a phone interview. Last round candidates will interview in person by the Chief Executive Officer and Director of Medical Services. Thank you for thinking of Good Sam!