

Mid Shore Community Mediation Center  
8626 Brooks Drive  
Suite 204  
Easton, Maryland 21601  
(410) 820-5553



## Internship Application

Please return completed applications to Mid Shore Community Mediation Center.

Applicant Information		
First Name	Last Name	Date
Mailing Address		
City	State	Zip
Cell Phone		
Email Address		
How did you hear about our internship program?		

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**Availability: Check all that Apply**

Half-Time (10hrs/wk)     Part-Time (20hrs/wk)     Full-Time (40hrs/wk)

Social Work Field Practicum     Other: For Academic Credit

	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Half-Time							
Part-Time							
Full-Time							

**Areas of Interest**

Please indicate areas of interests, you may select more than one:

Family/Parenting Plan Cases

School-Based Mediation

Re-Entry Mediation

State's Attorney Cases

Administrative Support

Elder Mediation

**Experience/Education and Skills**

Current employment status:     Full-time     Part-time     Not Employed

Current or most recent paid position held:

Are you currently a full-time student?

Yes     No

If yes, please indicate school:

Level

Freshmen     Sophomore     Junior

Senior     Graduate student

Areas of study:

Do you speak any other languages?

Yes     No

Which Language?

Fluent     Semi-Fluent     Basic

Computer Skills/Software Used:

**Internship Proposal (you may attach a separate sheet)**

**Why are you interested in an internship in our organization?  
What specific experience would you like to gain through this internship?**

Character References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.</p>	
Signature:	Date:

**Office Use Only**

Application Received by:

Date Received:

Next Steps:



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