

Mental Health Association in Niagara County, Inc.
General Internship Application



**Please attach a resume*

Return to:
Mental Health Association in Niagara County, Inc.
Attn: Internship Application
36 Pine Street
Lockport, NY 14094

To email you application and resume please call the office at 716-433-3780.

Date: _____

Name: _____

Email: _____

Phone: _____

Preferred contact method: _____

School or Institution (Name & Location): _____

Advisor/Supervisor: _____

Phone: _____

Email: _____

Total hours needed: _____

Start date: _____

End date: _____

Projected hours per week: _____

Will your supervisor at the MHA require any special credentials or degree:

What are the responsibilities of the supervisor (contact hours, documentation, evaluations, etc.):

Type of work requested (List any specific tasks or programs that you are interested in or require):

