

PLAINFIELD CENTRAL HIGH SCHOOL

Counseling Internship Application

Name: _____

Address: _____

**Please send all completed applications
WITH YOUR RESUME to:**

Plainfield Central H.S.

Attn: Darcie Kubinski

24120 W. Fort Beggs Dr.

Plainfield, IL 60544

Or fax to: (815) 439-4835

Phone: Home (____) _____ Cell (____) _____

School you are currently enrolled in: _____

Number of hours needed to fulfill coursework: _____

Do you need to work a full-time job while completing your internship? _____

Currently, our school day is from 7:00 a.m. until 3:00 p.m. Please tell us what days and times you generally would be available.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Time Available					

Would you be able to attend programs after school hours? If yes, please let us know what days and times you generally would be available to participate.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Time Available					

Do you have flexibility to adjust your schedule if given appropriate notice? _____

If yes, please explain further _____

