**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UPI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Term: Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Fall/Spring ☐ Summer**

*Both terms require 400 hours of combined work and practicum.*

**Name of site:­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and email address of supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Program: ☐ MDiv ☐ MAR**

**Affiliations: ☐ Berkeley ☐ Andover Newton ☐ ISM**

**Certificate Programs:**

**Denominational Affiliation:**

**Seeking Ordination: ☐ Yes ☐ No ☐ Don’t know**

**Clinical Pastoral Education (CPE):**  ☐Completed ☐Will take ☐Will not take ☐Undecided

**Month/Year Negotiating Boundaries prerequisite taken or to be taken:**

**Means of transportation:**

*What will be your means of transportation to and from your site? If you do not have a car, please consider obtaining one so that you will have more sites from which to select. Some sites are accessible by bus or train.*

**STATEMENT OF INTENT**

I understand that my participation in the Internship Program indicates my acceptance of the written regulations of the program. I hereby authorize the release of my application and resume to sites. These records are to be used only for the purpose of evaluating my qualifications in the YDS Internship Program. When I accept an intern position through the Program, it is expected that primary emphasis will be placed on achieving educational goals in the context of commitment to the internship position.

I will inform the affiliated internship director of any preexisting personal connections with my future supervisor.

I will report all financial arrangements with my internship site to the affiliated internship director.

I understand that failure to complete the required Negotiating Boundaries course prior to beginning the internship will result in removal from the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

***Save completed application with attached responses as a PDF document.***

***Send PDF document and resume to potential site(s) with copy to*** ***Alison.cunningham@yale.edu*** ***for non-profit, justice sites, or*** ***Jennifer.s.davis@yale.edu*** ***for church/chaplaincy/school sites.***