

**COUNCIL ON  
ALCOHOL &  
SUBSTANCE  
ABUSE OF  
LIVINGSTON  
COUNTY,  
INC.**

Holcomb Building  
Suite 2  
Geneseo  
New York  
14454

Phone  
(585) 243-9210

Fax  
(585) 243-9235

email:  
[krlccasa@frontiernet.net](mailto:krlccasa@frontiernet.net)

Website  
<http://www.casaoflc.org>



# APPLICATION FOR INTERNSHIP (VOLUNTEER)

This information is needed prior to approving your internship or volunteer duties. Please fill in the personal/contact information below. Due to the nature of our business, and the new HIPPA Laws, we ask that you also sign a confidentiality form (see attached).

## PERSONAL INFORMATION

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

Address: \_\_\_\_\_

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

Your area of study or major: \_\_\_\_\_

Number of internships: \_\_\_\_\_

Expected date of completion \_\_\_\_\_

Name of your college or university: \_\_\_\_\_

Address: \_\_\_\_\_

Supervising Professor/ Advisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Your participation as an intern with our organization will be approved after review of your application and/or resume. Approval by the clinic directors and/or the Executive Director will be secured before the start date of your work experience.

Please indicate which site is preferred: Start Date

Dansville Clinic \_\_\_\_\_  
 Geneseo Clinic \_\_\_\_\_  
 Prevention Education (Geneseo, Holcomb Bldg.) \_\_\_\_\_

Approved: \_\_\_\_\_  
Executive Director Date

\_\_\_\_\_  
Clinic Director Date