

Attention Deficit Hyperactivity Disorder Program
State University of New York at Buffalo

Application for Summer Internship

Please return completed application, three letters of recommendation, and an academic transcript to:

Center for Children and Families--Summer Treatment Program
318 Diefendorf Hall
3435 Main Street, Bldg. 20
Buffalo, NY 14214-3093

DATE: _____ **SOCIAL SECURITY #:** _____

Please mark an X next to the position for which you are applying. If you are applying for more than one position, please indicate your first preference with a 1 and your second preference with a 2.

Undergraduate Counselor _____ Special Education Aide _____

Research Assistant _____

Please list your current address and phone number:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

If you will be leaving your current address and living at a different address before June 1, please list that address and phone number below:

Address: _____

Phone: _____ Date of move: _____

Please list your permanent address and phone number:

Address: _____

Phone: _____

EDUCATIONAL BACKGROUND

	School/College/University	From/To	Degree	GPA	Major
High School					
Undergraduate					
Graduate School (if applicable)					

PREVIOUS JOB EXPERIENCE

Employer: _____ From/To: _____

Address: _____

Supervisor's Name: _____ Phone #: _____

Job Description:

Reason for Leaving:

Employer: _____ From/To: _____

Address: _____

Supervisor's Name: _____ Phone #: _____

Job Description:

Reason for Leaving:

ADDITIONAL INFORMATION

List all undergraduate psychology, education, computer science, statistics, and any other relevant courses you have taken and the grade received in each. Please include all relevant classes in which you are currently enrolled. Continue on the back of this page if necessary:

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Briefly describe any additional work experience you have had with children, other than that listed above.

Briefly describe any additional research experience you have had, other than that listed above.

List any publications, reports, or special projects on which you have worked.

Please mark the line that best describes your experience with the following sports:

	Don't Know At All	Play Recreationally	Know Rules and Fundamentals	Play on a Team	Coaching Experience
Basketball	_____	_____	_____	_____	_____
Soccer	_____	_____	_____	_____	_____
Softball	_____	_____	_____	_____	_____
Swimming	_____	_____	_____	_____	_____

Are you currently certified in First Aid, CPR, Lifeguarding, or Water Safety and Instruction? _____

Age of children with whom you are interested in working: _____ (Age Range 5 - 12)

Please write the name, title, and complete address of the person who referred you to this program.

Please list the names, titles, addresses, and phone numbers of the people who will be writing letters of recommendation for you.

Please Check One of the Following:
 12 Academic Course Credits _____
 Stipend _____