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# 2024 Vocational Rehabilitation (VR) Internship Application

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| Applicant Information: |
|  |
| Name: |  |
| Street Address: |  |
| City and Zip Code:  |  |
| Home Phone:Work Phone: |  |
| E-Mail:  |  |
| Place of Employment: Position: |  |

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| Describe how you will use the knowledge you have gained from this experience: |
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| Special Skills or Qualifications: |
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| Person to Notify in Case of Emergency: |
|  |
| Name: |  |
| Street Address: |  |
| City and Zip: |  |
| Home Phone: |  |
| Work Phone: |  |
| E-Mail:  |  |

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| Agreement and Signature: |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the Internship any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| Our Policy: |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.Thank you for completing this application form and for your interest in the VR Internship. Deadline for application is February 23, 2024, and announcement of participants will occur by March 15, 2024 (maximum of 12 interns will be accepted). |

For more information contact:

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