

SCTC Availability Form

South Central Training Consortium

Intern Availability Form

Applicant Name: _____

Program: _____

WEEKLY AVAILABILITY

Please indicate your available days and hours:

Monday: AM [] PM [] Hours: _____

Tuesday: AM [] PM [] Hours: _____

Wednesday: AM [] PM [] Hours: _____

Thursday: AM [] PM [] Hours: _____

Friday: AM [] PM [] Hours: _____

Total hours available per week: _____

Start date available: _____

End date available: _____

Special considerations or limitations:

Signature: _____ Date: _____