

INTERN PLACEMENT APPLICATION

Name _____
First Middle Last

Date of Birth _____

Local Address _____
No. & Street City State Zip

Permanent Address _____
No. & Street City State Zip

Home Phone _____ Cell Phone _____

E-mail Address _____

Occupation and Job-Related Skills _____

Employer and/or School Year _____

Educational Background _____

Other Training You've Had _____

Other Volunteer Experience _____

Business Address _____
No. & Street City State Zip

Business Phone _____ Is it OK to contact you at work? _____

Business Hours _____ How long employed? _____

Do you own a reliable car? _____ If yes, do you have insurance? _____

Hobbies, Clubs, Areas of Interest _____

What intern position are you applying for: _____

How did you hear about the WRC and the internship program? _____

Do you sincerely feel you can meet the minimum of at least 8 hours per week interning?
Yes _____ No _____ Do you sincerely think you will be able to work evenings? Yes _____
No _____ Do you sincerely think you will be able to work on weekends? Yes _____ No _____

Do you authorize the agency to check with appropriate public authorities (e.g. police, courts, motor vehicle department, etc.) for matters of public record regarding your background of history? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____
If yes, what crime(s) have you been convicted of? _____

References:

Please list the names and addresses of three (3) persons who can vouch for your character and who have known you for at least one (1) year (including employers). **Please do not use family members.** For interns you must provide at least 2 professional references on the written application form. Professional references can include professors, academic advisors, current or former employers (including volunteer positions).

Please type or print.

Reference #1 (Professional)

Name _____

Relationship to you _____ How long known _____

Address _____

City, State, Zip _____ Phone _____

Email: _____

Best way to contact: US Mail or Email?

Reference #2 (Professional)

Name _____

Relationship to you _____ How long known _____

Address _____

City, State, Zip _____ Phone _____

Email: _____

Best way to contact: US Mail or Email?

Reference #3 (Professional or Personal/Character)

Name _____

Relationship to you _____ How long known _____

Address _____

City, State, Zip _____ Phone _____

Email: _____

Best way to contact: US Mail or Email?

*Have you ever applied to become a WRC volunteer or intern before? Yes _____ No _____

If yes, for what position? _____ When? _____

INTERNS

PERMISSION FOR RELEASE OF INFORMATION
INTERN REFERENCE CHECKS

I _____ , do hereby grant permission for the below named
(Intern candidate)

individuals and/or agencies to release information to the Women's Resource Center concerning my character, employment, performance, skills, competence, and/or general ability.

It is understood that this permission includes cumulative and confidential information which would assist the Women's Resource Center in filling volunteer positions.

	Name	Address	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature _____ Date _____

INTERN POLICY

The Women’s Resource Center is an agency designed to provide resources and services to women in crisis; particularly, victims of domestic violence and sexual assault. In determining whether an applicant may be considered to fill a intern position, due consideration must be given to those past and present factors in the health, personality, and behavior of each individual which professional agency personnel deem, under any circumstances, may have a significant effect upon intern’s performance within our agency and which, if revealed at a later date, may affect the agency and/or its clients adversely.

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform intern services herein applied for and that the agency is not obligated to assign or actively seek to assign him/her with an intern position and (2) as part of the agency’s screening process, additional personal information will be elicited from the applicant by professional agency personnel.

Signature _____ Date _____

Printed Name of Applicant _____