



# INTERN APPLICATION

Please complete this form (print or type) and return it in order to set up your initial interview.

Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pronoun Identification: \_\_\_ She \_\_\_ He \_\_\_ They \_\_\_ Ze/Hir/Zir Other: \_\_\_\_\_

Title identification: \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Mr. \_\_\_ Dr. Other: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

University or College You Attend: \_\_\_\_\_

Is this college/university accredited? (circle) Yes No By Whom? \_\_\_\_\_

School Contact Person: \_\_\_\_\_

School Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree Being Pursued: \_\_\_\_\_

Availability: M T W TH F \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_ Weekends

## Internships require at least a 6-month commitment:

Have you completed a practicum yet? Required? \_\_\_\_\_

When is your internship scheduled to begin? \_\_\_\_\_

When do you anticipate completing your internship? \_\_\_\_\_

What does your school require for your field supervisor's credentials? \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Which program(s) are you interested in? (please rank your choices)

\_\_\_ Counseling (masters only)

\_\_\_ Social Action

\_\_\_ Residential (case management)

\_\_\_ Residential (youth program)

\_\_\_ Prevention Education

\_\_\_ Public Relations/Social Media

\_\_\_ Fundraising/Event Planning

\_\_\_ Other

Please see other side

Foreign Language (written or spoken) \_\_\_\_\_

How did you learn about HAVEN? \_\_\_\_\_

Please list any professional or civic organizations in which you are active:

\_\_\_\_\_

Are you currently or have you ever been a client at HAVEN? \_\_\_\_\_ If yes, which program and dates: \_\_\_\_\_

Have you ever been convicted of a crime (including felony, misdemeanor, DUI)? \_\_\_\_\_

Are you currently charged with a felony? \_\_\_\_\_

If yes to either of the 2 previous questions, please explain: \_\_\_\_\_

\_\_\_\_\_

Please provide an emergency contact person:

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

***A criminal background check will be required.***

In order to ensure the integrity of our intern program and the safety of our clients, HAVEN will not accept individuals into our program who have any history of violent crime on their criminal record or have been convicted of a felony within the last five years.

Please list two references we can contact other than family.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Upon the signing of this application, I represent that all of the information given now or hereafter in support of my application is true and complete. I authorize you to verify any of the information contacted in this application. I understand that any false information contained in my application may prevent me from being accepted as a HAVEN intern. I understand that if accepted as a HAVEN intern, I agree to comply with HAVEN's agency rules, policies, and regulations, which will be explained to me during my training and that failure to comply with these same rules, policies, and regulations may result in my dismissal. I agree that either party may terminate the voluntary relationship with or without cause, at any time for any reason. I understand that I will not be rejected for an intern position on the basis of race, creed or religion, color, sex, national origin, age, sexual orientation, physical ability or other factors which cannot be lawfully used as the basis for an employment decision.

LEGAL NAME - PRINT: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_