

Circle of Hope - Application for Internship

Contact Information

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
E-Mail address			

Education Information

Name of University/College and location			
Name of Internship Supervisor (school)			
Internship Supervisor's phone		Email	
Major		Minor	
Check one: Undergraduate <input type="checkbox"/>		Graduate <input type="checkbox"/>	Level/Year
Total number of hours needed		Number of hours per week desired	
Length of time you are seeking to intern			
Anticipated start date		Anticipated end date	

Availability

Please specify which hours and days you are available for intern assignments? (Check all that apply.)

Weekday mornings _____ Weekday afternoons _____ Both _____ Unsure _____
 Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Unsure ___

Interests

Please specify your areas of interest for your internship. (Please check at least three)	
_____	Shelter Program (intakes, advocacy, referrals, case management, goal setting, and transportation)
_____	Hotline (safety planning, crisis intervention, building rapport, scheduling appointments, and referrals)
_____	Newsletter work (writing articles, newsletter layout, photography)
_____	Fundraising /Special Event Planning (planning events, soliciting sponsors, promoting events)
_____	Housing Program (life skills, goal setting, intakes, case management, referrals)
_____	Children's Program (parent-child activities, advocacy, child care, tutoring, planning events)
_____	Prevention Program (creating and leading lessons, working with teachers and counselors)
_____	Legal Advocacy (court advocacy, intakes, victim's compensation, referrals, case management)
_____	Social Media (updating all social media accounts, research for relevant news and articles)
_____	Awareness/Events (research community festivals and events to attend, set up booth and materials)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Internship and/or Volunteer Experience

Summarize your previous internship and/or volunteer experience.

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References

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
Relationship		Years Known	

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	
Relationship		Years Known	

Person to Notify in Case of Emergency (To be completed upon hire)

Name			
Street address			
City, State, ZIP			
Home phone		Work phone	

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 as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm to maintain and respect confidential matters within Circle of Hope.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in working with us.

Revised August 2015