

**INTERN  
APPLICATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment \_\_\_\_\_

Please list four references that are not related to you and have known you for over one year. One needs to be an academic reference.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_ Yes \_\_\_\_ No  
(A conviction may be relevant if job-related, but does not necessarily bar you from employment;  
do not provide information on a marijuana-related conviction that is more than 2 years old.)  
If yes, please give dates and details \_\_\_\_\_  
\_\_\_\_\_

Date Available to Start \_\_\_\_\_

Days Available \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

Hours Available \_\_\_\_\_

Will this internship be fulfilling any academic requirements? \_\_\_\_\_

(If yes, please continue with this segment. If no, skip to next box)

For what school/department? \_\_\_\_\_

Year/Major \_\_\_\_\_

How many hours are required? \_\_\_\_\_

Describe the requirements of your internship, in detail. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need direct contact with clients? \_\_\_\_\_

What do you, personally, want to get out of this internship? \_\_\_\_\_

\_\_\_\_\_

Do you have a valid California Driver's License? \_\_\_\_ Yes \_\_\_\_ No

Do you have valid automobile insurance? \_\_\_\_ Yes \_\_\_\_ No

Auto Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Name Insurance is carried under \_\_\_\_\_

Renewal Date \_\_\_\_\_

I understand I must maintain and provide proof of current automobile insurance. (Initial) \_\_\_\_

Do you have First Aid Certification? \_\_\_\_ Yes \_\_\_\_ No

Do you have CPR certification? \_\_\_\_ Yes \_\_\_\_ No

I can speak the following languages \_\_\_\_\_

Have you ever volunteered with Project Independence before? \_\_\_\_ Yes \_\_\_\_ No

Dates \_\_\_\_\_

Emergency Contact Person:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How did you hear about Project Independence?

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Please describe your experience working with people with developmental disabilities.

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What experience do you have that makes you the best candidate for this position?

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PLEASE READ THIS STATEMENT CAREFULLY

I certify that all the answers and/or statements I have made on this application are true and correct without omission. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal to hire or for immediate dismissal from volunteering at anytime. I authorize this company to contact any of my past employers. I authorize my past employers to furnish any information concerning my previous employment. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations. I also understand that an investigation report may be made whereby information is obtained through personal interviews and agency background checks to my character, general republication, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. I have read and understand the foregoing statements and accept the same as conditions of volunteering.

CONDITIONS OF VOLUNTEERING

1. Volunteers may work in a position in which they will transport a client and will be asked to provide a current DMV report, a valid driver's license, and show proof of auto insurance during the course of volunteering.
2. Volunteers will be subject to a criminal background search through fingerprinting.
3. All volunteer positions are unpaid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date