



# *Internship Program Application*

**“One of life’s greatest rewards is to share your heart with  
those in need.” Anonymous**

Applicant Name: \_\_\_\_\_

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

The WomenShelter of Long Beach is monitoring recruitment and selection of volunteers in order to ensure that the diverse needs of our clients are met. We would appreciate your cooperation in voluntarily furnishing us with the information requested below. This information will be kept strictly confidential and is for statistical purposes only.

What racial ethnic group do you consider yourself to be? Please check all that apply.

- African-American
- Asian or Pacific Islander
- Hispanic, Mexican, Puerto Rican, Cuban, Central or South American
- White
- Other (Please specify) \_\_\_\_\_

Your gender is:  Female  Male

Your primary language is: English

- Khmer
- Spanish
- Tagalog
- Other (Please specify) \_\_\_\_\_

Languages spoken/read fluently, other than English: \_\_\_\_\_

*WomenShelter of Long Beach prohibits discrimination on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status in all of its programs, activities, and employment practices.*

# Internship Application

(Please print)

## Personal Information

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

                    Last                    First                    M.I.

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
                    (Area Code) Number                    (Area Code) Number

Personal Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
  (mm/dd/yyyy)

## Internship Requirements

Name of the class (this internship must be for credit) \_\_\_\_\_

Class # \_\_\_\_\_ Department \_\_\_\_\_

Required # of hours \_\_\_\_\_ Name of the Internship \_\_\_\_\_

*Please note that for some internship positions WSLB requires at a minimum 120 hours, or more, and preferably a year-long commitment. Students who are majoring in a related field are preferred (e.g. Sociology, Women's Studies, Child Development, Human Services, Criminal Justice). All possible interns must clear a LiveScan and have a current negative, within one year, TB test.*

Professor's Contact Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Contact # \_\_\_\_\_

**Education**

Name of School \_\_\_\_\_

Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Years completed \_\_\_\_\_ or Current Year \_\_\_\_\_

Name of School \_\_\_\_\_

Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Years completed \_\_\_\_\_ or Current Year \_\_\_\_\_

Name of School \_\_\_\_\_

Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Years completed \_\_\_\_\_ or Current Year \_\_\_\_\_

**Work History**

Have you ever worked for WSLB? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Please check: \_\_\_\_\_ Part-time \_\_\_\_\_ Full Time

Job Description: \_\_\_\_\_

\_\_\_\_\_

Work Address:

Street Address \_\_\_\_\_

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

**History**

Do you have experience as a volunteer? \_\_\_\_\_ If yes, how long? \_\_\_\_\_  
Months/Years

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

May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_ # of Hours Volunteered: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Year(s)

Type of Conviction(s): \_\_\_\_\_ Felony \_\_\_\_\_ Misdemeanor

Name of Penal Code Law Violation(s): \_\_\_\_\_

\_\_\_\_\_

Please explain the offense(s): \_\_\_\_\_

\_\_\_\_\_

Has your driver's license been revoked in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any personal experience with issues of abuse? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever lived in a domestic violence shelter before? \_\_\_\_\_

Have you ever received domestic violence counseling? \_\_\_\_\_

Are you presently in counseling? \_\_\_\_\_

Are you currently domestic violence abuse free? \_\_\_\_\_

For how long? \_\_\_\_\_

**Emergency Contact:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (cell): \_\_\_\_\_

(Home): \_\_\_\_\_

**References (2 Personal & 2 Professional Must Be Included):**

**Personal:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (cell): \_\_\_\_\_

(Home): \_\_\_\_\_

**Personal:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (cell): \_\_\_\_\_

(Home): \_\_\_\_\_

**Professional:**

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (cell): \_\_\_\_\_

Business: \_\_\_\_\_ Ext. \_\_\_\_\_

**Professional:**

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (cell): \_\_\_\_\_

Business: \_\_\_\_\_ Ext. \_\_\_\_\_

**Please explain why you have an interest in becoming an intern for WSLB:**

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**Days/Times you are available:**

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_  
Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**What are your strongest personal assets?**

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**How will this benefit the WomenShelter of Long Beach?**

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**What are your areas of needed personal improvement?**

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**Why did you select the WomenShelter of Long Beach?**

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**What are your expectations for your intern experience at WomenShelter of Long Beach?**

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If you would like to include any other additional information please make this clear in your email or make an indication on the front of your application. Additional information may include any certificates, honors, writing samples, or a résumé. You are welcome to include any current information that you believe will be beneficial.

I certify that the information provided on this application to become a volunteer (and accompanying resume, if any) is true and complete to the best of my knowledge. WomenShelter of Long Beach has my permission to verify all information that I have provided in this application and to conduct a background check of me, including LiveScan, reference checks or any other method for ascertaining my good character. I understand and agree that any misrepresentation or omission of information by me as part of this volunteer application will be a sufficient basis for denial of placement as a volunteer or, if I am given a position as a volunteer it is grounds for immediate termination if discovered at a later date.

I authorize all organizations named herein, including my current employer, unless otherwise specified on my application, to provide WomenShelter of Long Beach (“WSLB”) (without further notice to me) any and all information they may have, personal or otherwise. I release all parties, including WSLB, from all liability and I agree not to assert any claim against anyone, for any damage that may result from furnishing or using such information.

Because of the vulnerability of the clients we serve and the extreme safety issues involved, even if I have met all the above criteria, WSLB retains the right to not select me as a volunteer at the discretion of staff (in consultation with the executive director) in determining my appropriateness to be a volunteer.

**BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE FOREGOING.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Prospective Intern** \_\_\_\_\_