



Internship Program Application

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

Applicant Name: _____

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: _____

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 _____

Major _____ Minor _____

Years completed _____ or Current Year _____

Name of School _____

Degree Earned _____

Major _____ Minor _____

Years completed _____ or Current Year _____

Name of School _____

Degree Earned _____

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: _____

Driver's License # _____

Emergency Contact:

Full Name: _____

Relationship (optional): _____

Street Address: _____

City _____ State _____ Zip _____

Phone _____ (cell): _____
(Home): _____

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

Personal:

Full Name: _____ Relationship (Optional): _____

Street Address: _____

City _____ State _____ Zip _____

Phone (cell): _____

(Home): _____

Personal:

Full Name: _____ Relationship (Optional): _____

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:

Days/Times you are available:

Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What are your strongest personal assets?

How will this benefit the WomenShelter of Long Beach?

What are your areas of needed personal improvement?

Why did you select the WomenShelter of Long Beach?

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

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 _____