Applicant name: _______________________________
Equal Employment Opportunity Questionnaire

Name: _______________________________________________________

Women Shelter of Long Beach (WSLB) is committed to promoting a culture of diversity and inclusivity. We would appreciate your cooperation in voluntarily providing 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 sex is: [ ] Female [ ] Male

Your primary language is: [ ] English
- [ ] Khmer
- [ ] Spanish
- [ ] Tagalog
- [ ] Other (Please specify) _____________

Languages spoken/read fluently, other than English: _____________________________________
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: __________________________   Occupation: ___________________________
(mm/dd/yyyy)

Have you ever worked for WSLB? ____________ If yes, when? ___________________________

Education

Name of School Attended_________________________ Degree ________________________
Year completed______________________________

Name of School Attended_________________________ Degree ________________________
Year completed______________________________

Name of School Attended_________________________ Degree ________________________
Year completed______________________________
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 # ______________________

Current Employment (if applicable)

Current Employer: ___________________________ Job Title: __________________________

Hire Date: __________________________ Please check: ______ Part-time ______ Full Time

Job Description: ________________________________________________________________

_____________________________________________________________________________

Work Address: ________________________________________________________________

City: __________________________________________ State: ___________________ Zip: _______
History

Do you have experience as a volunteer? _______ If yes, how long? ____________________

Agency Name: ______________________________ Contact Number: ____________________

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: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you completed the 40-Hour Domestic Violence Counselor Advocate Training? ___yes ___no
If yes, please provide a copy of your Certificate of Completion

Do you have any personal experience with issues of abuse? ____________________________

If yes, please explain: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you ever lived in a domestic violence shelter? ________________________________

Have you ever received domestic violence counseling? ______________________________

Are you currently living a life free of domestic violence?_____________________________

If yes, for how long?________________________________________________________________
References (1 personal & 1 professional must be provided)

Personal
Full Name: ______________________________ Relationship: __________________________
Email: _______________________________ Phone (cell): __________________________

Professional
Full Name: ______________________________
Company Name: __________________________
Title: __________________________
Relationship: __________________________
Email: _______________________________ Phone (cell): __________________________

Emergency Contact
Full Name: ______________________________ Relationship: __________________________
Street Address: _________________________________________________________________
City: _______________________________ State: ____________ Zip: ____________
Phone (cell): ______________________________
(Home): ______________________________
Areas of Interest

Please rank your interest in interning in the following areas:

_____ Youth Services  _____ Crisis Hotlines/Case Management
_____ Adult Services  _____ Outreach and Education

Please explain why you have an interest in the #1 ranked area:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Availability

Days/Times you are available to intern:

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<th>DATE</th>
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What are your strongest personal assets?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How will these assets benefit the WomenShelter of Long Beach?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What are your areas for personal improvement?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Why did you select the WomenShelter of Long Beach as your internship organization?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What are your expectations for your internship experience at WomenShelter of Long Beach?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
I certify that the information provided on this application to become an intern (and accompanying resume, if any) is true and complete to the best of my knowledge. WomenShelter of Long Beach (WSLB) 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 internship application will be a sufficient basis for denial of placement as an intern or, if I am given a position as an intern 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 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 an intern at the discretion of staff (in consultation with the Executive Director) in determining my appropriateness to be an intern.

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

Signature: ______________________________ Date: ______________________________

Printed Name of Prospective Intern: ______________________________