



WomenShelter of Long Beach

INTERNSHIP

program

Applicant name: _____

Equal Employment Opportunity Questionnaire

Name: _____

WomenShelter 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? _____
Months/Years

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
____ Adult Services

____ Crisis Hotlines/Case Management
____ Outreach and Education

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

Availability

Days/Times you are available to intern:

DATE	TIMES
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	
Sundays	

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 a 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: _____