

Internship Application



Personal Information

Name	
Street Address	
City ST ZIP Code	
Contact Phone	
E-Mail Address	
Date of Birth	
Social Security Number	
Driver's License State & Number	

Availability

During which hours are you available for internship assignments?

Intern Schedules:

Mornings 8:00am – 12:00pm

Afternoons 12:00pm – 4:00pm

Evenings –after 5:00pm (after-school/workshops)

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Other Specific times, if any: _____ Weekly hours needed to complete your internship? _____

My reason for interning at this agency is _____

Access to a vehicle during your internship? Yes / No Do you have your own laptop? Yes / No

Employment

Tell us about your current job or the last job held

Company Name	
Company Address	
Company Number	
Supervisor	
Position Held	
Dates of Employment	

Education

College/University Name	
Course of Study	
Years Completed/Degree	
Graduation Date/Expected Date	

Interests

Tell us in which area(s) you are interested

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration/Computer | <input type="checkbox"/> Community Events | <input type="checkbox"/> Family Outreach/Field Work |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Neighborhood Council | <input type="checkbox"/> Phone Bank |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Grant Research | <input type="checkbox"/> Event Planner |
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Website/Graphics/Social Media |
| <input type="checkbox"/> Instructional/Tutorial | <input type="checkbox"/> Youth Engagement | <input type="checkbox"/> Parent Involvement Campaigns |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteerism, internships, life experiences or through other activities, including hobbies or sports.

Previous Volunteer or Internship Experience

Summarize your previous experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Background

I understand that Project LINK follows “intern at will” policy, in that I or Project LINK may terminate my volunteer/internship status at any time, for any reason consistent with applicable State and Federal law.

I understand that Project LINK & the Hillsborough County Public Schools will execute a thorough criminal and personal background check and verify all data provided on this application, relative documents, and information provided during interview.

I authorize all individuals, schools, firms name herein and/or my employer(s) if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

- **Do you have any pending charges or convictions for violent act(s) against a child, including child neglect, child abuse, sexual assault, sexual predator, or molestation?** Yes or No

- **Do you have any criminal offenses that you were accused of and/or pending charges, have been convicted of or adjudication withheld, at this time or anytime in your lifetime?** Yes or No , if so, what

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and your interest in assisting children and families with us.