

CFS INTERNSHIP APPLICATION

CFS is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State, or Local law.

Application must be completed in its entirety for consideration.

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Position Applied for:		Date Available:	
How did you hear of this opening?:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

EDUCATION			
High School:		Location:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Classes/Activities:			
College:		Location:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Expected date of graduation:
Degree/Major:			
Graduate/Trade School:		Location:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Expected date of graduation:
Degree/Major:			
Other Training (seminars, conferences, certifications):			
Type:		Location:	
Type:		Location:	
In addition to your work history, do you have any other qualifications that are relevant to the position for which you are applying?			
Please list technical skills you have (e.g. Microsoft Office, Chat, Text, Gmail, Adobe Creative, HTML etc.)			

AVAILABILITY				
Semester you are applying for:	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year:
Indicate availability per day (specific schedule to be discussed with supervisor)				
<input type="checkbox"/> Mon/hours:	<input type="checkbox"/> Tues/hours:	<input type="checkbox"/> Wed/hours:	<input type="checkbox"/> Thurs/hours:	<input type="checkbox"/> Fri/hours:
Total commitment per week: hours				
Will you be applying this internship as course credit?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Academic contact:	Name	Phone	Position	
Open internship positions can be found online at our website – http://www.womanhaven.org				
If you are open to interning outside of the specific position being applied for, please indicate which departments you would interested in interning with (can select more than one):				
<input type="checkbox"/> Communications	<input type="checkbox"/> Development	<input type="checkbox"/> HR	<input type="checkbox"/> Finance	<input type="checkbox"/> Advocacy

PREVIOUS INTERNSHIPS/WORK EXPERIENCE	
Company:	Job Title:
Address:	From: To:
Supervisor:	Phone:
Responsibilities:	
Reason for Leaving:	
Company:	Job Title:
Address:	From: To:
Supervisor:	Phone:
Responsibilities:	
Reason for Leaving:	
Company:	Job Title:
Address:	From: To:
Supervisor:	Phone:
Responsibilities:	
Reason for Leaving:	

REFERENCES	
List three professional or academic references (not related to you) who are familiar with your abilities. Please let your references know that a representative from CFS may contact them regarding your application.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

PERSONAL ATTRIBUTES
Please note any special skills which could be utilized at CFS (e.g. language skills etc):
How would this internship pertain to your field of study?
Statement of Purpose
Please compose a two paragraph, typed statement outlining <ul style="list-style-type: none"> • Why you wish to intern at CFS • Your future career goals, and how an internship at CFS will help you achieve them • What makes you a great fit for this position

APPLICATION CHECKLIST
Make sure you have each of the following to submit your application:
<input type="checkbox"/> Application form, completed in its entirety and signed and dated below <input type="checkbox"/> Two paragraph Statement of Purpose <input type="checkbox"/> Current 1-2 page résumé <input type="checkbox"/> Recent academic transcripts for each college/university you have attended (can be unofficial copies) <input type="checkbox"/> Professional Liability Insurance <input type="checkbox"/> BBS Inter number _____ and copy of document <input type="checkbox"/> Please attach a copy of your ID.

DISCLAIMER AND SIGNATURE

- I hereby consent to permit WomanHaven to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.
- I hereby authorize any organization affiliated with WomanHaven to investigate my background as necessary for the consideration of my application.
- I further authorize all persons, schools, companies, organizations, credit bureaus and law enforcement agencies to supply all information concerning my background and to furnish reports thereon. I hereby release them and any organization affiliated with WomanHaven from any and all liability and responsibility arising from their doing so
- I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Signature

Date

OFFICE USE ONLY

- Type of Internship: Practical Student Practicum
- Background Clearance Date: _____
- 40 hr. DV Training Completion: _____