

INTERN APPLICATION

Date: _____

Social Security #: _____

Name (Last) (First) (Middle)

Mailing Address City State Zip

Telephone (Work) (Home) Emergency Contact Person Telephone

List any professional or occupational registrations, licenses or certifications you or your group hold (include certificate/license number)

List any special skills, interests or hobbies

List three references not related to you whom you have known for more than one year:

NAME	ADDRESS	TELEPHONE

List your most recent volunteer, internship or employment experiences:

Date, Month & Year	Employer	Employer Address & Phone	Job Title

List the Internship Position for which you are applying and what semester or indicate if it is for the summer:

May we send you notice of volunteer opportunities through email? If so, please provide email address.

Have you ever been convicted of or pleaded nolo contendere to a driving or criminal offense? ___Yes ___No
 If answer is yes, please explain (including types of offenses and dates)

Failure to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work with children, developmentally disabled children and adults, and the frail elderly is a misdemeanor of the first degree.

I understand that, to protect individuals served by the department, a routine check through law enforcement, license bureaus, agency files and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however certain convictions will exclude me from volunteering in some positions. I understand that applications submitted for state volunteer services are public records.

I understand and agree that all information as it relates to child abuse records and clientele are confidential under s. 415513, Florida Statutes. I further agree to treat all information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

Signature Date

THE FOLLOWING INFORMATION IS NEEDED TO CONDUCT LAW ENFORCEMENT CHECKS AND EEO SURVEYS.

SEX: Male Female Date of Birth: _____ Social Security Number: _____

RACE (check only one): White Black Hispanic Asian or Pacific Islander Native American

Other (specify):

INTERVIEWER'S COMMENTS
(For Agency Use Only)

Date of Interview: _____

Comments:

This is: A new Applicant An Update

Type of Volunteer: Individual Intern

Caretaker Screening Required: Yes No If yes, completed: _____

Drug Screening Completed Date Orientation Given: _____

INTERNSHIP ASSIGNMENT
(For Agency Use Only)

Department Location Supervisor Date Placed