



Project Youth OC Internship Application

Please read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure an internship shall be grounds for rejection of this application or for immediate discharge if I am selected for this internship, regardless of the time elapsed before discovery.

I hereby authorize Project Youth OCBF to thoroughly investigate my references, work record, education and other matters related to my suitability for internship, and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my internship, if selected, is intended to create an internship contract between me and the company. In addition, I understand and agree that if I am selected for this internship, my internship is for no definite or determinable period and maybe be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Project Youth OCBF's designated representative.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Project Youth OCBF I am entitled to copies of any such public records obtained by Project Youth OCBF unless I mark the check box below. If I am not selected for this internship, as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Signature:

Date:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Telephone No.
Address & Street	City	State Zip

Occupation	No. of Years Acquainted
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First Name	Last Name	Telephone No.
Address & Street	City	State Zip

Occupation	No. of Years Acquainted
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First Name	Last Name	Telephone No.
Address & Street	City	State Zip

Occupation	No. of Years Acquainted
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Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate	Degree or Diploma
High School	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Address			
	_____ City	_____ State	_____ Zip	
College/ University	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Address			
	_____ City	_____ State	_____ Zip	
Vocational/ Business	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Address			
	_____ City	_____ State	_____ Zip	
Health Care/ Training	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Address			
	_____ City	_____ State	_____ Zip	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for internship at Project Youth OCBF? Yes No

If so, please explain: _____

Personal Information

Have you ever interned or worked for Project Youth OCBF before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Project Youth OCBF? Yes No

If yes, state name(s) and relationship:

Name	Relationship
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Name	Relationship
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Why are you applying for an internship at Project Youth OCBF?

Would you have a reliable means of transportation to and from the internship? Yes No

Are you at least 18 years old? (if under 18, acceptance is subject to verification that you are of minimum legal age to volunteer/intern for programs.) Yes No

Are you able to perform the essential functions of the position for which you are applying for the internship, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Acceptance to internship/vo may be subject to passing a medical examination and to skill and agility tests.)

An Equal Opportunity Employer

Please Print

_____/_____/_____
Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (If different from present address)

No. & Street City State Zip

(_____) (_____)
Business Phone Home Phone

Internship/Volunteer Experience Desired

Position applying for: _____

What days will you be available?

Mon Tue Wed Thur Fri (Circle all that apply)

What hours will you be available?.....

From: _____ To: _____

Are you available in the evenings?..... Yes No

If so, what days are you available? _____

What are your dates of internship or period of time you can commit to the agency?.....

_____/_____/_____ to ____/____/_____