

Internship Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Cell: _____

E-mail Address: _____



Internship Specifics

School: _____ Program of Study: _____

Semester of Internship: _____ # of hours to complete: _____

Internship Requirements of the school: _____



Skills and Interests

Educational Background: _____

Current Occupation: _____

Employer: _____

Hobbies: _____

Languages: _____

What special skills do you possess which you feel will help you in a volunteer role at Samaritan House?

**** Please attach a current resume to this application****

 **Preferences**

Please help us match you with assignments you would enjoy. Please indicate the types of services that are of interest to you (check all that apply).

- 24 Hr Crisis Line Court Companion
 In-Home Advocacy Emergency Housing Advocacy
 Children’s Programs Community Outreach

Are there specific tasks that you are unable to perform due to physical limitation or personal preference? Yes No
If yes, please explain: _____

Does the school allow you to transport clients using an agency vehicle? Yes No

At what times are you available?
Weekdays Weekends Daytime Evenings
Additional comments: _____

 **Background Verification**

Have you ever been convicted of a criminal offense? Yes No
Please explain: _____

Have you ever been charged with neglect, abuse or assault? Yes No
Please explain: _____

Has your driver’s license ever been suspended or revoked in any state? Yes No
Please explain: _____

Do you use illegal drugs? Yes No
Please explain: _____

Emergency Contact Information:
Name: _____ Phone: _____

SAMARITAN HOUSE

Our internship program may need to do one or all of the following background screenings (Criminal Background, Child Protective Service Record, Sexual Offender Record and Driving Record). If so, all information, as well as all information on this application will be kept confidential and measures will be taken to protect your privacy. To do the screenings social security number and date of birth will be needed.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I further consent for Samaritan House to obtain additional information necessary to process my application. This may include but is not limited to employment verification, references and background checks. (Please note your refusal may exclude you from consideration from volunteering with Samaritan House).

Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Signature: _____ Date: _____

Thank you for your interest in Samaritan House!
Please return this completed application to Rebecca Headings
Fax: 757-631-0710
E-mail: rebeccah@samaritanhouseva.org

Mission: To foster personal safety, self-sufficiency and personal growth in adults and their children through freedom from domestic abuse and homelessness