



# United Methodist Children's Home INTERNSHIP APPLICATION

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Telephone: \_\_\_\_ ( ) \_\_\_\_\_ Business Telephone: \_\_\_\_ ( ) \_\_\_\_\_

Fax: \_\_\_\_ ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## WORK HISTORY & GENERAL INFORMATION

### **Current Work Experience**

Business or Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Work that you perform or job title: \_\_\_\_\_

### **Previous Work Experience**

Business or Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Work that you perform or job title: \_\_\_\_\_

### **Previous Work Experience**

Business or Organization Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Work that you perform or job title: \_\_\_\_\_

### **Education** (please check all that apply)

- High School Diploma/GED    Associate Degree    Undergraduate Degree    Graduate School
- Vocational School    Other \_\_\_\_\_ Major(s) \_\_\_\_\_

Are you a member of a church?  Yes    No   If yes, what is the name of your church and how are you active in the church? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOTIVATION TO BECOME AN INTERN**

Who or what encouraged you to become an intern for UMCH?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you interned before?  Yes  No If you answered yes, for which organization(s) were you an intern and what were your responsibilities? \_\_\_\_\_  
\_\_\_\_\_

In what area would you like to do an internship and at which location?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability to be an intern: (Please check all that apply)

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times that you are available to be an intern: From \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

**REFERENCES**

PLEASE PROVIDE THE NAMES, ADDRESS & TELEPHONE NUMBER OF THREE (3) FORMER OR CURRENT EMPLOYERS AND ONE (1) PERSONAL REFERENCE WHO IS **NOT** RELATED TO YOU.

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____ Personal Reference	_____	_____

**BACKGROUND INFORMATION**

Do you have a valid driver's license from your state of residence?  Yes  No

Have you ever been involuntarily terminated, discharged or asked to resign from any job?  Yes  No

Have you ever been convicted of child abuse or neglect?  Yes  No

Have you ever been convicted of any felony or misdemeanor?  Yes  No

Are there any felony or misdemeanor charges pending against you?  Yes  No

Have you ever been disciplined or discharged for the sale or distribution of illegal drugs?  Yes  No

If you answered "yes" to any of the above questions, please list in the space provided below all pertinent information regarding your response(s) and any extenuating or mitigating circumstances regarding the situation. If necessary please attach a separate sheet(s) of paper to this application to complete your response. Please note that a 'yes' answer to any of the preceding questions will not necessarily be a bar to a volunteer opportunity. However, falsification, providing false or misleading answers or omitting information to any of these questions constitutes grounds for the immediate end of any volunteer opportunity. provide details on additional sheet(s) as necessary and attach to this application.

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**RELEASE AUTHORIZATION**

I understand and agree to the fact that this application will determine my suitability to serve as an intern for the United Methodist Children's Home (UMCH) and that if selected I will not be compensated for my intern service, now or in the future. I have provided the above information voluntarily, and I certify that all statements are true and correct. I further understand that the information I have provided will be used and disclosed for UMCH purposes or to any party with legal and proper interest, and I release UMCH from any liability whatsoever for supplying such information. I agree, if I am selected to participate in this Internship Program, to abide by the Intern Policies and Procedures of UMCH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR USE OF HUMAN RESOURCES DEPARTMENT**

Application Received \_\_\_\_\_ Background Check Completed \_\_\_\_\_

Internship Assignment \_\_\_\_\_ Internship Assignment Location \_\_\_\_\_