



Internship Application

Today's Date: _____

Name: _____

D.O.B.: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Mobile: _____ Work: _____

Languages spoken: _____

School: _____ Degree Program: _____

Program Year: 1st / 2nd / 3rd or above School Field Coordinator: _____

School Field Coordinator phone: _____ Email: _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone(s): Cell/Home _____ Cell/Home _____

How did you learn about NVFS? _____

Placement semester (check all that apply): Spring 2019 Summer 2019 Fall 2019

Dates of placement: _____ Total hours required: _____

Have you ever been convicted of a crime? (Crime can be defined as an action prohibited by law or a failure to act as required by law.) A conviction will not necessarily result in the denial of internship placement. Yes No

If yes, please explain: _____

Days & Hours Available: (select all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

What type of internship experience and/or programs interest you? (check all that apply)

Client Service Track:

- Case Management
- Social Work
- Mental Health/Therapist
- Early Childhood Development
- Nursing/Health/Nutrition

Client Service & Setting:

- Children/Youth
- Adults
- Shelter
- Community-Based
- Home-Based

Administrative Track:

- Information Technology
- Business Operations
- Development/Communications
- Advocacy/Community Relations
- Quality Improvement
- Finance
- Human Resources

What skills do you bring to NVFS? (check all that apply)

- Accounting/Finance
- Administrative/Clerical
- Advertising
- Counseling
- Customer Service
- Database Design/Administration
- Driving (Commercial Vehicles)
- Education/Teaching
- Fundraising
- Grant Research/Writing
- Graphic Design
- Human Resources
- Interpreting/Translating
- IT Support
- Legal Services
- Life Skills
- Medical
- Mentoring
- Nonprofit
- Nutrition
- Special Events Planning
- Tutoring
- Web Design
- Other: _____



Education, Employment & Internship History

Please attach your resume including education, employment and internship history with this Internship Application even if your resume has already been submitted.

Statement and Release

The facts set forth in this application and attached resume are true and complete. I understand that if placed, knowingly false statements on this application and attached resume shall be considered sufficient cause for termination. I understand that all information in this application is subject to verification and I consent to criminal history, motor vehicle, child protective services and credit background checks. I authorize NVFS to obtain information about me from my educational institution(s) and, if requested, from references. I authorize these educational institution(s) and references to disclose to NVFS such information about me as NVFS may request.

I understand the nature of internship activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from project site locations, and other potential risks of injury. I hereby release and discharge Northern Virginia Family Service and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a NVFS intern.

I give permission to NVFS and parties designated by NVFS to record my story and/or likeness and use such accounts in all forms of media, for any and all promotional purposes including brochures, television interviews, NVFS reports/press releases, radio or newspaper interviews, photos, public service announcements, fundraising appeals, video production, NVFS website and related internet marketing indefinitely, unless or until I revoke this permission in writing.

Please note: NVFS will retain this application for a period of 60 days. Candidates are kindly requested to reapply for internship placement after this time.

Signature:

Date:

NVFS Staff use only:

Date Entered: _____ Entered By: _____

Placement: _____

Supervisor: _____