



SAFE HOUSE *for* WOMEN

Internship Application

Full Name: _____

Permanent Address: _____

City/State/Zip: _____

Local Address: _____

City/State/Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Social Security Number: _____ Birthdate: _____ Age: _____

College Attending: _____

Field of Study: _____

Supervising Professor/Advisor: _____

Phone Number: _____ Email Address: _____

Requested Semester/Year for Internship: _____

Description of Internship Requirements (i.e., number of hours required; types of activities required): _____

Have you ever volunteered for or been employed by Safe House for Women? YES NO

Do you have any physical/medical limitations? YES NO

If so, please explain: _____

Have you been convicted of a crime in the last 7 years? YES NO

If yes, please explain: _____

Do you have any prior or pending court cases? YES NO

If yes, please explain: _____

Recent Employment/Internship/Volunteer Experience

Special Skills/Interests

Days/Hours Available

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

Saturday Time: _____

A criminal background check will need to be completed if your volunteer service will include contact with Safe House for Women clients. Please sign below as your consent for the background check.

Signature

Date

For Office Use

Date Received: _____ Date Contacted: _____