



New Horizons Community Support Services, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

Unpaid Volunteer/Internship/Practicum Student Application

PERSONAL INFORMATION

| | | | | | |
|--------------------|--|-------|---|--------|------------|
| | | | | | DATE _____ |
| NAME: | | | | | |
| LAST | | FIRST | | MIDDLE | |
| PRESENT ADDRESS: | | | | | |
| STREET | | CITY | | STATE | ZIP |
| PERMANENT ADDRESS: | | | | | |
| STREET | | CITY | | STATE | ZIP |
| HOME PHONE: | | | CELL PHONE: | | |
| EMAIL: | | | ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

PLACEMENT DESIRED

| | |
|---|---------------------|
| PLACEMENT INTERESTED IN: | DATE YOU CAN START: |
| <u>INDICATE AVAILABLE DAYS</u> | |
| <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. or <input type="checkbox"/> Flexible Days | |
| <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Overnight or <input type="checkbox"/> Flexible Shifts | |

EDUCATION

| | | | |
|-----------------------------------|------------|------------------------------|-----------------------------|
| HIGH SCHOOL ATTENDED: | COMPLETED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HIGHER EDUCATION: | | | |
| SCHOOL: | | | |
| START DATE: | | SEMESTER HOURS COMPLETED | |
| ESTIMATED/ACTUAL COMPLETION DATE: | | | |
| MAJOR: | | MINOR: | |
| LICENSES/CERTIFICATIONS: | | | |
| RELEVANT SKILLS/EXPERIENCES: | | | |

GENERAL

| | | |
|--|------|--|
| US MILITARY OR NAVAL SERVICES | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
| ARE YOU EMPLOYED NOW? _____ | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| ARE YOU A CURRENT OR FORMER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHERE? _____ WHEN? _____ |

FOR INTERNSHIP OR PRACTICUM ONLY

| | |
|--|-----------------------|
| CONTACT FOR THE INTERNSHIP/PRACTICUM(name,title,phone number and email) | |
| | |
| TOTAL HOURS REQUIRED: _____ | DATES PROPOSED: _____ |
| DESCRIBE INTERNSHIP/PRACTICUM REQUIREMENTS: | |
| | |
| *MUST ATTACH SCHOOL REQUIREMENTS FOR THE STUDENT, THE FIELD INSTRUCTOR AND THE SUPERVISOR | |

FOR VOLUNTEERS ONLY

| |
|--|
| DESCRIBE PROPOSED VOLUNTEER ACTIVITY, NUMBER OF HOURS, PROGRAM, ETC. |
| |
| |

REFERENCES: PLEASE PROVIDE THREE REFERENCES WE CAN CALL

(Give the names of three persons not related to you whom you have known at least one year)

| NAME | ADDRESS & PHONE | BUSINESS | YEARS ACQUAINTED |
|------|-----------------|----------|------------------|
| | | | |
| | | | |
| | | | |

PHYSICAL RECORD

| |
|--|
| DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____ |
| PLEASE DESCRIBE: _____ |

IN CASE OF EMERGENCY
NOTIFY:

NAME

ADDRESS

PHONE

SPECIAL QUESTIONS

A CRIMINAL CONVICTION MAY NOT AUTOMATICALLY DISQUALIFY YOU FROM PLACEMENT, HOWEVER FAILURE TO INDICATE A CRIMINAL CONVICTION WILL BE CONSIDERED FALSIFICATION AND YOU WILL NOT BE ELIGIBLE FOR VOLUNTEER, OR STUDENT PRACTICUM/INTERN PLACEMENT.

HAVE YOU BEEN CONVICTED OF, FOUND GUILTY OF, PLED GUILTY TO OR NO CONTEST TO, RECEIVED A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE FOR, OR RECEIVED ANY PERIOD OF PROBATION OR PAROLE FOR A FELONY OR MISDEMEANER?

YES _____

NO _____

DESCRIBE: _____

HAVE YOU BEEN PLACED ON A DEPT. OF HEALTH AND SENIOR SERVICES (FORMERLY DIVISION OF AGING) DISQUALIFIED LIST?

YES _____

NO _____

DESCRIBE: _____

HAVE YOU EVER BEEN PLACED ON A DEPARTMENT OF MENTAL HEALTH DISQUALIFIED REGISTRY?

YES _____

NO _____

DESCRIBE: _____

HAVE YOU BEEN PLACED ON A PROBABLE CAUSE, ADJUTICATED OR REASON TO SUSPECT CHILD ABUSE/NEGLECT LIST?

YES _____

NO _____

DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OF A DISQUALIFYING CRIME, INCLUDING SUSPENDED IMPOSITION OF SENTENCE?

YES _____

NO _____

DESCRIBE: _____

"I agree to conform to the rules and regulations of New Horizons Community Support Services, Inc., and understand that my internship, practicum, or volunteer placement can be terminated, with or without notice, at any time, at the option of either New Horizons Community Support Services, Inc. or myself.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if placed, falsified statements, misrepresentation or omission of facts on this application shall be grounds for dismissal regardless of when such falsification, misrepresentation or omission is discovered.

I authorize investigation of all statements contained herein, to contact any references included including the former employer references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that this application form is intended for use in evaluating my qualifications for an internship, practicum or volunteer placement. This is not an employment contract. Completion of this application is in no way a guarantee of an interview or an offer of a placement. I have answered all questions completely and accurately. I understand that false or misleading statements during the interview of on this form are grounds for terminating the application process, or if discovered later, terminating the internship, practicum or volunteer placement."

DATE _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

PLACED: YES NO

PROGRAM: _____

DATE PLACEMENT BEGINS _____

FIELD INSTRUCTOR: _____ SUPERVISOR: _____
