**Families First Internship Application**

**(Direct Service)**

Families First

615 North Alabama Street, Suite 320

Indianapolis, IN 46204

Telephone (317) 634-6341

***Statement of Non-Discrimination Policy***

*Family First shall abide by all state and federal laws which prohibit discrimination against any person or group on the basis of age, race, sex, religion, national origin, marital status, sexual orientation, disability, or any other category protected under Federal, State, or local law in any of its activities, including admissions, access to programs, employment, use of service volunteers and interns, and membership of its governing body and committees.*

***An Equal Employment Opportunity Employer***

**DATE OF APPLICATION:**  Click here to choose a date.

**APPLICANT INFORMATION**

**First Name:**  Click here to enter text.

**Last Name:**  Click here to enter text. **Middle Name:**  Click here to enter text.

**Phone Number:** Click here to enter text.

**Address:** Click here to enter text. **City:**  Click here to enter text.

**State:**  Click here to enter text.

**Zip Code:**  Click here to enter text.

**School Email Address:** Click here to enter text.

**Personal Email Address:**  Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Social Security Number:**

Click here to enter text.

**Are you applying to Families First for a practicum requirement?** Choose an item.

* **If yes, please provide the name of your practicum coordinator and his/her affiliated institution.** Click here to enter text.
* **Has your practicum placement coordinator already contacted our agency regarding your placement?** Choose an item.

**If you are not applying to Families First for a practicum requirement, how did you learn about our agency’s internship opportunities?** Choose an item.

* **If Faculty Member, please provide the name of the individual and his/her affiliated institution.** Click here to enter text.
* **If Other, please give an explanation of the referral source.**  Click here to enter text.

**Do you have regular access to an automobile if required on the job?** Choose an item.

* **If yes, do you have a valid driver’s license?** Choose an item.

**Have you ever been convicted of a felony or misdemeanor?** Choose an item.

**Note: Choosing “yes” to the above will not necessarily eliminate your opportunity to intern at the agency. All employees, interns, and volunteers are required to pass a background investigation for the following: Indiana child abuse registry, Indiana sex & violent offender registry, state criminal history records, motor vehicle records, and Child Protection Services history check.**

**INTERNSHIP DETAILS**

**Please indicate when you would like to intern at Families First.**

* **Semester (check all that apply)**

Fall [ ]  Spring [ ]  Summer [ ]

* **Year(s)** Click here to enter year.
* **Is this your** [ ]  **first or** [ ]  **second practicum?**

**On what date can you begin interning with the agency? If you’re unsure of the date, check off “TBD.”**  Click here to choose a date.TBD[ ]

**What hours are you available to intern? For example, if you can intern on Mondays from 9:00–11:00 AM and 2:00–5:00 PM, please write those timeframes in the Monday box below.**

* **Agency hours are from 8:00 AM-8:00 PM Monday-Thursday and 8:00 AM-5 PM Friday.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MON** | **TUE** | **WED** | **THU** | **FRI** |
| Click here to enter text. | Click here to enter text.  | Click here to enter text.  | Click here to enter text.  |  Click here to enter text. |

**Are you interested in interning at Families First as part of an academic course or school requirement?** Choose an item.

* **If yes, please give an explanation of the academic course or school requirement.**

Click here to enter text.

* **If yes, how many weeks and/or hours are you required to intern?**

Click here to enter text.

**Which Families First program are you interested in interning for?**

First choice: Choose an item.

Second choice: Choose an item.

**What do you hope to gain by interning at Families First? Please explain how the internship would be relevant to your coursework, career goals, etc.**

Click here to enter text.

**EDUCATION AND TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School** | **Location** | **Graduation Date****(expected date if still in school)** | **Diploma/****Degree** | **Course/****Major Subject** |
| High SchoolClick here to enter text. | Click here to enter text. | Click here to choose date.Did not graduate [ ]  | Click here to enter text. | Click here to enter text. |
| Business/CorrespondenceClick here to enter text. | Click here to enter text. | Click here to choose date.Did not graduate [ ]  | Click here to enter text. | Click here to enter text. |
| College/UniversityClick here to enter text. | Click here to enter text. | Click here to choose date.Did not graduate [ ]  | Click here to enter text. | Click here to enter text. |
| Graduate StudyClick here to enter text. | Click here to enter text. | Click here to choose date.Did not graduate [ ]  | Click here to enter text. | Click here to enter text. |
| Other EducationClick here to enter text. | Click here to enter text. | Click here to choose date.Did not graduate [ ]  | Click here to enter text. | Click here to enter text. |

**Please list your technical skills (e.g. Microsoft Office, Adobe, etc.).**

Click here to enter text.

**Please list any foreign language proficiencies.**

Click here to enter text.

**WORK EXPERIENCE**

|  |
| --- |
| **Present or Last Employer:** Click here to enter text.**Your Job Title:** Click here to enter text.**Job Responsibilities:** Click here to enter text.**What is/was your reason for leaving?** Click here to enter text. |
| **Name of Supervisor:** Click here to enter text.**Phone Number:** Click here to enter text.**Email:**  Click here to enter text.**May we contact your supervisor?** Choose an item. |

|  |
| --- |
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| **Name of Supervisor:** Click here to enter text.**Phone Number:** Click here to enter text.**Email:** Click here to enter text.**May we contact your supervisor?** Choose an item. |

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| **Name of Supervisor:** Click here to enter text.**Phone Number:** Click here to enter text.**Email:** Click here to enter text.**May we contact your supervisor?** Choose an item. |

**OTHER REFERENCES**

Please provide at least three references to whom you are not related and by whom you have not been employed. Employer references will be contacted using the information under Work Experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Telephone Number** | **How long have you known this individual?** | **What is your relationship to this individual?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**In addition to this application, please submit the following materials when you apply for an internship at Families First:**

* **Cover letter and resume (In your cover letter, please explain why you have applied for an internship at Families First and how your qualifications make you a strong candidate.)**
* **Any documents outlining practicum/internship requirements for your school or program (e.g. manuals, course syllabus, etc.)**

***Please submit application materials to Lori Clyne* (****loric@familiesfirstindiana.org****) Pat Anderson (**pata@familiesfirstindiana.org **a*nd Brenda Springer*****(****brendas@familiesfirstindiana.org****).**