



CHILDREN'S ADVOCACY CENTER
 OF SMITH COUNTY
 HEALING • SAFETY • HOPE • JUSTICE

Intern Application

Applicant Information		
Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	Zip
Email Address		Phone #
Preferred method of contact – Email <input type="checkbox"/> Phone <input type="checkbox"/>		Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours do you need to intern each week? _____ Please fill out your availability below –		
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Time frame _____	Time frame _____	Time frame _____
Opportunities: <input type="checkbox"/> Child Intern Therapist Provide individual and group therapy to victims of child abuse and their protective caregivers. <input type="checkbox"/> Family Advocate Intern Provide comprehensive victim support services to children impacted by trauma, abuse and neglect and their non-offending family members. <input type="checkbox"/> Marketing Intern Assist in marketing, branding, and event fundraising for the CACSC.		
Are you fluent in any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list languages:		
Have you ever worked for the CAC of Smith County? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?		
Have you ever volunteered at the CAC of Smith County? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?		
Have you ever been convicted of a felony or a misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working with children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		

Education	
School Name	
Years Completed From _____ To _____	Degree/Diploma Bachelors
Major	Minor
School Name	
Years Completed From _____ To _____	Degree/Diploma Bachelors
Major	Minor
School Name	
Years Completed From _____ To _____	Degree/Diploma Bachelors
Major	Minor



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References (Required) – (Non-relatives)	
Character Reference	
Full Name	Relationship
Company	Phone
Address	
Professional Reference	
Full Name	Relationship
Company	Phone
Address	

Employment	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Company	Address
Phone	Supervisor
Job Title	From _____ To _____
Reason for leaving	

Disclaimer and Signature	
<p>It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed/volunteering. I give the employer the right to investigate all references and to secure additional information about me, if job-related.</p> <p>I hereby release all liability of the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. The employer is an Equal opportunity employer. The employer does not discriminate in employment/volunteering and no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment/volunteering on a basis prohibited by local, state, or federal law.</p> <p>This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment/volunteering, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment/volunteering at any time, with or without cause and without prior notice.</p> <p>I understand that no representative of the employer has the authority to make any assurances to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an appointment that would be required by the ADA.</p>	
Signature	Date