



**INTERN APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
   Last    First    Middle

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

  Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Copy of Insurance Card \_\_\_\_\_

Please list any universities/colleges/training programs attended since high school.

<u>Institution</u>	<u>Major/Course of study</u>	<u>GPA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all paid employment in the last seven years.

<u>Company and Location</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever served as a volunteer? \_\_\_\_\_ If yes, please complete the questions below.

<u>Agency and Location</u>	<u>Assignment Description</u>	<u>Dates</u>
_____		
_____		
_____		

Please list three references who are NOT RELATED to you.

<u>Name</u>	<u>Full Address (include zip)</u>	<u>Phone</u>
_____		
_____		
_____		

List community organizations and/or clubs to which you belong, as well as any offices held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hobbies and interests do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a reliable car available to you every day? \_\_\_\_\_

Do you have any medical condition which might affect your participation in our programs? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kids are available during after school hours, evenings and weekends. Are you available at all these times? Are there any times when you are not available? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this internship opportunity? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (Include all major traffic violations).

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Why are you interested in working with children? \_\_\_\_\_

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Most of our children have experienced a significant loss in their lives. What event(s) in your life will enable you to relate to the experiences of these children? (e.g. alcohol/drug problems in your family, having moved often, parents' divorce or death of a close family member. ) \_\_\_\_\_

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Do you think the above experiences will make it easier or more difficult for you to relate to a specific problem faced by a child? \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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PLEASE RETURN THIS APPLICATION TO:

YOUTH SERVICES OF GLENVIEW/NORTHBROOK  
3080 WEST LAKE AVENUE  
GLENVIEW, IL 60026

(847) 724-2620