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| --- | --- | --- |
| Jefferson ParishDepartment of Juvenile Services APPLICATION FOR INTERNSHIP *\*\*Microsoft Word is required to run this document properly\*\** |

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| **OFFICE USE ONLY** Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Interviewed:        \_\_\_\_\_\_\_\_\_\_\_Jeff Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Orleans Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NSOR:\_                     \_\_\_\_\_\_\_\_SSOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LA Drivers Record:Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Reference Checks: To Sent Returned 1)                         \_\_\_\_\_\_\_\_\_2)                         \_\_\_\_\_\_\_\_\_3)                         \_\_\_\_\_\_\_\_\_Orientation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervised by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Placement Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |

## Personal Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City / State / ZIP  |  |
| Years at current residence |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| LA Driver’s License Number |  |
| Name of Car Insurer |  |
| Will a vehicle be available  |  |

## Needs

### For Internships or Practicum Applicants Only:

|  |  |
| --- | --- |
| Hours Needed Direct / Indirect |  |
| Beginning and Ending Terms Requesting |  |
| College / University and Department |  |
| College Supervisor |  |
| College Supervisor’s phone  |  |
| College Supervisor’s e-mail  |  |

## Interests

### In which area/s you are interested in volunteering?

|  |  |
| --- | --- |
| [ ]  Associate Degree Internship | [ ]  Master’s Degree Practicum |
| [ ]  Bachelor’s Degree Internship | [ ]  Doctorate Degree Internship |
| [ ]  Master’s Degree Internship | [ ]  Doctorate Degree Practicum |
| [ ] Other: |

## Availability

### During which hours are you available for volunteer/ intern assignments?

|  |  |  |
| --- | --- | --- |
| [ ] Mon. [ ]  a.m. [ ] p.m. | [ ] Thurs. [ ]  a.m. [ ] p.m. | [ ] Sunday [ ]  a.m. [ ] p.m. |
| [ ] Tues. [ ]  a.m. [ ] p.m.  | [ ] Fri . [ ]  a.m . [ ] p.m. |  |
| [ ] Wed. [ ]  a.m. [ ] p.m. | [ ] Sat . [ ]  a.m . [ ] p.m.  |  |

## Personal Work History

|  |  |
| --- | --- |
| Current Employer |  |
| Current Supervisor |  |
| Start Date |  |
| Phone Number |  |
| Address City / State |  |
| Days/ Hours Work  |  |
| Job Description  |  |
| Previous Employer |  |
| Supervisor |  |
| Start Date / End Date |  |
| Phone Number |  |
| Address City / State |  |
| Days/ Hours Work  |  |
| Job Description  |  |

## Education / Training

|  |  |
| --- | --- |
| High School and Address |  |
| Year Graduated |  |
| College and AddressY |  |
| Year Graduated |  |
| Other Training / Education Completed |  |
| Year Completed  |  |

## Personal History

### Please complete thoroughly. Add attachments if necessary. Enter NONE if any entry does not apply.

|  |  |
| --- | --- |
| Personal Felony Convection Details |  |
| Personal outstanding warrants |  |
| Personal outstanding felony charges anywhere |  |

## Personal References (3)

### Known for at least two years / Non-relatives / Complete all requested contact information.

|  |  |
| --- | --- |
| Name |  |
| Relationship (Friend or Neighbor) |  |
| Length of Acquaintance  |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |
|  |  |
| Name |  |
| Relationship (Work related) |  |
| Length of Acquaintance  |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |
|  |  |
| Name |  |
| Relationship (School related) |  |
| Length of Acquaintance  |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| City / State  |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer/intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date | Click here to enter a date. |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

## Submission

Once you complete this form electronically, return it as an attachment to:

narceneaux@jeffparish.net