



INTERN APPLICATION - PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Primary Contact #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you would like to inform us of your pronoun(s), please feel free to do so here (not required): \_\_\_\_\_

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

During which semester will you need placement? \_\_\_\_\_

What year will you be while an intern? \_\_FR \_\_SO \_\_JR \_\_SR \_\_Grad Prog.

What is your major/minor? \_\_\_\_\_

Internship professor or field placement coordinator's information:

Name/Title/Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specify your preferred service areas and feel free to indicate more than one: ☐ Outreach/Education ☐ Adult Victim Advocacy ☐ Crisis Line ☐ DVIP ☐ Children's Advocacy Center ☐ Shelter Services ☐ Donation Drive/Fundraising

What is your general availability? Mon \_\_\_\_\_ Tues \_\_\_\_\_  
Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Earliest date available and any other schedule considerations you would like to advise us of: \_\_\_\_\_

Regardless of your internship's minimum hours requirements, are you able to commit to an ongoing schedule that would require a minimum of 10 hours per week (Mon-Fri/8:30am-5pm) for the duration of your placement? ☐ Yes ☐ No

Do you have any previous intern or volunteer experience? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

Do you have any special skills you would like to tell us about? \_\_\_\_\_

Do you speak any languages other than English? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_  
Are you fluent? ☐ Yes ☐ No

What types of hobbies/areas of interest do you maintain? \_\_\_\_\_

In what professional areas do you need improvement? For example, public speaking. \_\_\_\_\_

Have you ever been employed by Family Service of the Piedmont Inc.?  
☐ Yes, if yes list date range: From \_\_\_\_\_ To \_\_\_\_\_, or, ☐ No

Are you related to anyone currently employed by Family Service of the Piedmont Inc.? ☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation? ☐ No ☐ Yes. If yes please explain: \_\_\_\_\_

A conviction record will not necessarily be a bar to internship placement. Factors such as the nature and seriousness of the offense; the time that has passed since

conviction and/or completion of sentence; and the nature of the site placement will be taken into account. A criminal background check will be performed.

FAMILY SERVICE OF THE PIEDMONT, INC. DRUG/ALCOHOL POLICY:

Our agency is committed to providing a safe workplace and establishment of programs promoting high standards of employee health. Consistent with these commitments, we maintain a comprehensive policy with respect to alcohol and drug use. The agency reserves the right to request a drug test of any Family Service of the Piedmont Inc. employee, intern, and/or volunteer. We are a drug free facility and intend to remain that way. Applicants who do not meet our standards need not apply.

EQUAL OPPORTUNITY EMPLOYMENT POLICIES:

It is the continuing policy of Family Service of the Piedmont, Inc. to afford equal employment, transfer and promotion opportunity to all qualified applicants and employees regardless of race, color, national origin, age, sex, religion, able-bodiedness, genetic information, sexual orientation, sexual preference, gender preference, gender identification, or any other protected category and to conform to applicable employment laws and regulations.

CERTIFICATION AND AUTHORIZATION:

I hereby certify that all of the statements contained in this application or accompanying forms are true and complete. I understand that any internship offer is conditioned on completion of: enrollment into an internship program at an institute of higher learning; the application process; an interview; and a background check. I hereby authorize the Agency to investigate all statements contained in my application or accompanying forms, and to contact any references and/or university/college staff if needed. I understand that any false statements or omissions or misrepresentations will constitute sufficient cause or reason for either refusal to offer an internship placement or termination from an existing internship placement.

I understand, acknowledge and agree that unless otherwise expressly agreed to in writing and signed by a duly authorized official of the Agency, if an internship is offered by Family Service of the Piedmont, Inc., my internship placement will be at will and without fixed term, and that either of us may terminate the internship at any time with or without prior notice and with or without cause.

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Applicant's Signature

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Date

\*IF AVAILABLE, PLEASE INCLUDE ALL RELEVANT INTERNSHIP DOCUMENTS WITH YOUR COMPLETED APPLICATION. RELEVANT INFORMATION INCLUDES: ENROLLMENT CONFIRMATION; INTERNSHIP TIMEFRAME; NUMBER OF HOURS THAT NEED TO BE ACCOMPLISHED; LEARNING GOALS/AGREEMENTS; SUPERVISORY REQUIREMENTS; EVALUATION REQUIREMENTS; INSURANCE COVERAGE PROVIDED BY YOUR PROGRAM; ETC.\*

Completed applications should be submitted to:  
Stephen Fletcher, Director of Victim Services  
Email: Stephen.fletcher@fspcares.org  
Mailing Address: 902 Bonner Drive, Jamestown NC, 27282  
Please feel free to call (336) 801-3354 or email with any questions or concerns.



<b>CONFIDENTIALITY ASSURANCE STATEMENT</b>
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I, \_\_\_\_\_ understand that should I be offered, and accept, an internship position that I will have access to confidential information about the clients of Family Service of the Piedmont, Inc. I understand that I will be held to requirements governing confidentiality, for which I will be required to complete relevant training, and, will have access to the Personnel Policy & Procedures Manual. I agree that I will comply with these requirements by keeping all information learned/observed about clients strictly confidential. I also understand that there can be civil penalties and disciplinary action, including termination, for improper release or disclosure of confidential information.

I have read and understand the above information regarding confidentiality.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness Signature

\_\_\_\_\_  
Date



## Disclosure and Authorization to Request Information

Please type or print legibly

NAME (First, Middle, Last) \_\_\_\_\_

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FIRST PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SECOND PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED \_\_\_\_\_

I hereby authorize the Consumer Reporting Agency (CRA), to verify my past and present driving records, education records, and professional credentials. I further authorize the Consumer Reporting Agency (CRA) to perform a criminal records search.

I understand that the Consumer Reporting Agency (CRA) does not guarantee the accuracy or timeliness of the information obtained from other sources, and that the Consumer Reporting Agency (CRA) will not be liable for any inaccuracy in the information obtained from other sources that is included in the consumer report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to a Consumer Reporting Agency (CRA) and I hereby release and hold harmless the Consumer Reporting Agency (CRA), my current and former employers, as well as other organizations who have provided information in connection with my consumer report.

### Consumer Disclosure

I understand that a pre-employment consumer report may be obtained from a Consumer Reporting Agency (CRA) for employment purposes.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To be completed by Supervisor

Name \_\_\_\_\_

Program \_\_\_\_\_

Date \_\_\_\_\_