

# Ronald McDonald House of Charlotte



## APPLICATION FOR INTERNSHIPS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature at the end of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Today's Date \_\_\_\_\_ Department Internship Applied For \_\_\_\_\_

What Internship Term? Spring  Fall  Summer

Do you have the ability to perform the essential functions of this position? Yes  No

Do you meet all the eligibility requirements for this position? Yes  No

Current Year In School? \_\_\_\_\_ School Name: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

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

Are you 18 years of age or older?..... Yes  No   
(Can you furnish proof of age?)

Are you fluent in any foreign language? Yes  No  If yes, which one/s? \_\_\_\_\_

Have you ever applied for an internship here before? ..... Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? ..... Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? ..... Yes  No

If yes, give details \_\_\_\_\_

(A "yes" answer does not automatically disqualify you from an internship, since the nature of the offense, date and the job for which you are applying will be considered)

When can you start your internship? \_\_\_\_\_ When will you need to end your internship? \_\_\_\_\_

What will your availability be for the internship? Mondays AM  or PM  Tuesdays AM  or PM  Wednesdays AM  or PM

Thursdays AM  or PM  Fridays AM  or PM  Saturdays AM  or PM  Sundays AM  or PM

## EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
FOR MARRIAGE & FAMILY THERAPY INTERNSHIP ONLY: Current Semester in Marriage & Family Therapy Program: _____ Total Number of Hours in Clinic: _____ Clinical Supervisor Name: _____ Phone: _____		

## RELATED EXPERIENCE AND GOALS

Of the educational experiences listed on this page and work experiences listed on the following page, which was most beneficial to you? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in an internship with the Ronald McDonald House of Charlotte?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your proposed career plans?

\_\_\_\_\_  
\_\_\_\_\_

What personal characteristics make you suited for this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other activities are you involved in during the academic year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Employer _____	Supervisor _____
Address _____	Employed From (mo/yr) ____ / ____ To (mo/yr) ____ / ____
City State Zip _____	Pay _____ Start \$ _____ Final \$ _____
Telephone _____	Reason for leaving _____
Title _____	_____

Duties \_\_\_\_\_

Name of Employer _____	Supervisor _____
Address _____	Employed From (mo/yr) ____ / ____ To (mo/yr) ____ / ____
City State Zip _____	Pay _____ Start \$ _____ Final \$ _____
Telephone _____	Reason for leaving _____
Title _____	_____

Duties \_\_\_\_\_

### SKILLS

	(Have experience)	(Have had classes in)	(Would like experience in)
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Editing/Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design/Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### TECHNOLOGY

Proficient with which of the following:  
Phone  Fax  Computer  Microsoft Office (Word/Excel)

Other specific software programs (please list) \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Have you worked or attended school under any other names?.....Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed?.....Yes  No

If yes, may we contact your present employer?.....Yes  No

Have you ever been fired from a job or asked to resign?.....Yes  No

If yes, please explain: \_\_\_\_\_

Please provide (3) references: (not relatives)

Name	Address	Phone
Reference #1		
Reference #2		
Reference #3		

## AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for an internship and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of an internship, it may be conditioned upon my successfully completing a background check prior to being considered for an internship.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_