APPLICATION FOR INTERNSHIP/SPECIAL PROJECT VOLUNTEER
Children's Advocacy Programs of the Blue Ridge, Inc.
SOUTHERN VA CHILD ADVOCACY CENTER

Children's Advocacy Programs of the Blue Ridge, Inc. is an equal opportunity/affirmative action provider and employer and does not discriminate against otherwise qualified applicants due to race, religion, age, gender, gender identity, gender expression, ethnicity, geography, culture, marital status, family/parental status, veteran status, sexual orientation, income derived from a public assistance program, disability or physical challenges, political beliefs, prior civil rights activity, or any other reason protected by law for employment of volunteer opportunities within the agency.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Internship Hours ___ Full Time (400) ___ Part Time (75) ____ Other (_____)

Date Available _____ Phone Number _____ Cell Phone _____

Are you over 21 years old? ___ Yes ___ No email address: _____

Referring College or University: _____ Current Major: _____

EDUCATION: Verification of graduation is required. Copies of Certification/Licensure required.

High School: No. of Years Completed *(circle one)* 1 2 3 4 **Diploma:** __ Yes __ No **G.E.D.:** __ Yes __ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed *(circle one)* 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____ State of Virginia License Number _____

License Expiration Date _____ Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, sexual orientation, veteran status or any other protected status.)

OFFICE SKILLS:

_____

DESCRIBE ANY EXPERIENCE WORKING WITH CHILDREN:

_____

_____

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CRIMINAL HISTORY: Any applicant who has lived within another state within the last 7 years; the applicant must provide this agency with a copy of their criminal history and child protective service checks from that state(s) during those time periods. Any individual, for employment or volunteer opportunities, will have additional background checks conducted before any offer of employment or acceptance into a volunteer position is rendered. These will include at a minimum, a national criminal history, sexual offender checks, local background check, social security, as well as, child protective services checks.

Have you ever had a founded or substantiated abuse or neglect finding? __ Yes __ No

If yes, explain: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE: Include U.S. Military Service and previous internships/volunteer opportunities.

Employer/Placement _____ Address _____

Telephone _____ Position _____ Dates : From _____ (Mo/Yr) To ____ (Mo/Yr)

Supervisor _____

Duties _____ FT __ PT __ No. of Hrs. __

Reason for Leaving _____

Employer/Placement _____ Address _____

Telephone _____ Position _____ Dates : From _____ (Mo/Yr) To ____ (Mo/Yr)

Supervisor _____

Duties _____ FT __ PT __ No. of Hrs. __

Reason for Leaving _____

REFERENCES: References must know applicant for at least three years.

Professional

Name _____

Address _____

_____

Phone (____) _____

Name _____

Address _____

_____

Phone (____) _____

Personal/Non-Family

Name _____

Address _____

_____

Phone (____) _____

Name _____

Address _____

_____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize Childrens Advocacy Programs of the Blue Ridge, Inc. to verify their accuracy and to obtain reference information on my work performance/volunteer experience. I hereby release Childrens Advocacy Programs of the Blue Ridge, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Not signing the release related to criminal history checks and child protective services checks are also grounds for disqualification.

I understand that should an internship or special project volunteer opportunity be extended to me and accepted that I will fully adhere to the policies, rules and regulations of this organization as well as the policies of any specific program I may be placed to volunteer with. I understand that any opportunity offered is for an indefinite duration and at will and that either the Employer or I may terminate my placement at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Complaints of Discrimination – If you wish to file a civil rights program complaint of discrimination complete the USDA Program Discrimination Complaint Form found on-line at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

2017, 2021, 2024