



# Internship Application

31 E. Armat Street  
Philadelphia, Pennsylvania 19144

*Note: Please use pen when filling out application. Print neatly and clearly.*

## APPLICANT INFORMATION

|                           |                           |                |        |                 |
|---------------------------|---------------------------|----------------|--------|-----------------|
| Last Name:                |                           | First Name:    |        | Middle Initial: |
| Street Address:           | Apt #:                    | City:          | State: | Zip Code:       |
| Home Phone Number:<br>( ) | Cell Phone Number:<br>( ) | Email Address: |        |                 |

|  |   |  |
|--|---|--|
| Applying For:<br><input type="checkbox"/> Volunteer Position <input type="checkbox"/> Internship Position  |   | Available Start Date:                                    |
| <i>List Times Available:</i>   |   |  |
| Monday: _____  | Tuesday: _____                                  | Wednesday: _____   |
| Thursday: _____  | Friday: _____                                   | Saturday: _____  |
| Will you be receiving college/school credit for your volunteering/internship?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, name of college/school: _____  |   |  |
| If yes, how many hours must you fulfill per semester? _____ Per week? _____  |   |  |
| Are you confident you can make a commitment to volunteer/intern at least two days per week on a regularly scheduled basis?   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please explain: _____   |   |  |
| Have you ever worked or volunteered for Covenant House?  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| If yes, Job Title: _____ Dates of Employment: _____  |   |  |
| How did you hear about Covenant House (check all that apply)?  |   |  |
| <input type="checkbox"/> College/School  | <input type="checkbox"/> Walk-In                |  |
| <input type="checkbox"/> Friend/Relative (specify: _____)  | <input type="checkbox"/> Advertisement          | <input type="checkbox"/> Job Fair                        |
| <input type="checkbox"/> Internet (specify: _____)   | <input type="checkbox"/> Other (specify: _____) |  |
| Are you under the age of 18?   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| If yes, can you provide a work permit (if required)?   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| Have you been convicted of or pled guilty to any felony or misdemeanor other than minor traffic violations since the age of 18?  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| If yes, please describe the nature of the offense(s) and the date(s) of the conviction (s).<br><b>(A record of conviction will not automatically disqualify you from being considered as a candidate.)</b> |   |  |
| _____  |   |  |
| _____  |   |  |

## EDUCATION

|  | Name of Institution | Major or Type of Course | Diploma/<br>Degree Awarded |
|--|---------------------|-------------------------|----------------------------|
| <b>High School</b>   |                     |                         |                            |
| <b>Undergraduate<br/>College/University</b>  |                     |                         |                            |
| <b>Graduate<br/>College/University</b>   |                     |                         |                            |
| <b>Other Education or<br/>Training</b> (including military,<br>professional licenses,<br>certifications, etc.) |                     |                         |                            |

List any school activities, volunteer work, or memberships in organizations which you consider relevant to your ability to perform the internship/volunteer position for which you have applied:

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Do you plan to continue your studies?       Yes    No

Please explain: \_\_\_\_\_

## EMPLOYMENT/VOLUNTEER/INTERNSHIP HISTORY

*(beginning with most recent employer)*

|  |                             |   |   |
|--|-----------------------------|---|---|
| Employer:                              | Telephone Number:<br>(    ) | Dates Employed (month/year):    ___/___ - ___/___   |   |
| Address:                               |                             | Salary (Starting)   |   |
|  |                             | \$  | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| Position Held:                         | Reason for Leaving:         | Salary (Ending)   |   |
|  |                             | \$  | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| Immediate Supervisor's Name and Title: |                             | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Duties:                                |                             |   |   |
| Employer:                              | Telephone Number:<br>(    ) | Dates Employed (month/year):    ___/___ - ___/___   |   |
| Address:                               |                             | Salary (Starting)   |   |
|  |                             | \$  | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| Position Held:                         | Reason for Leaving:         | Salary (Ending)   |   |
|  |                             | \$  | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary |
| Immediate Supervisor's Name and Title: |                             | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Duties:                                |                             |   |   |

|  |                              |   |
|--|------------------------------|---|
| Employer:                              | Telephone Number:<br>(     ) | Dates Employed (month/year):<br>____/____ - ____/____                                     |
| Address:                               |                              | Salary (Starting)   |
|  |                              | \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary                        |
| Position Held:                         | Reason for Leaving:          | Salary (Ending)   |
|  |                              | \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary                        |
| Immediate Supervisor's Name and Title: |                              | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties:                                |                              |   |

Please list any school activities, volunteer work, or memberships in organizations that you consider relevant to the internship/volunteer position for which you are applying:

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**REFERENCES**

**Please list at least two (2) former supervisors or other professional references that you have known for at least six (6) months.**

|       |          |            |                |                              |
|-------|----------|------------|----------------|------------------------------|
| Name: | Company: | Job Title: | Email Address: | Telephone Number:<br>(     ) |
| Name: | Company: | Job Title: | Email Address: | Telephone Number:<br>(     ) |
| Name: | Company: | Job Title: | Email Address: | Telephone Number:<br>(     ) |

**APPLICANT'S CERTIFICATION AGREEMENT**

*I certify that the above foregoing answers are complete and true. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of volunteering/internship or immediate termination of volunteering/internship, regardless of when discovered. I understand that all information on this application is subject to verification.*

*I understand that if given an offer to volunteer/intern I may be subject to a background check which may include, but is not limited to, a criminal search, sexual offender registry check, credit check, reference checks and educational verification. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House. I hereby release from liability Covenant House and its representatives for seeking information and all other persons, corporations, or organizations for furnishing such information. I authorize Covenant House to release any information that may be requested regarding my volunteering/internship here. References received and deemed unsatisfactory by Covenant House may be considered sufficient cause for discharge. I understand that my volunteering/internship with Covenant House is at-will and that my volunteering/internship may be terminated with or without cause or notice at any time, at either my option or that of Covenant House.*

*I have read and reviewed the information provided in this application and the above statements. By signing this application for volunteering/internship I certify that I understand all parts of it and have answered all questions completely and fully.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_