



INTERN APPLICATION

Which internship are you applying for: _____

Available Intern descriptions can be found at www.hawc.org/intern

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

Street City State Zip Code

Phone Number: _____ Alt. Number: _____

Date of Birth: _____ Email Address: _____

What languages do you speak fluently? English Spanish Other(s) _____

What languages do you read and/or write? English Spanish Other(s) _____

If you are a client or were a former client please tell us when: _____

If you are currently a client or have been a client, there is a one year waiting period before you are eligible to serve with the agency as an intern

EMPLOYMENT:

Employer: _____ How long employed? _____

Employer Address _____

Street City State Zip Code

AVAILABILITY:

When are you available to complete your internship hours, 9am – 9pm?

Please indicate days and times available.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

INTERNSHIP PROGRAM SPECIFICS:

Internship Level: Undergraduate Graduate School L.P.C Legal

University/College: _____ Program: _____

Practicum Supervisor: _____ Dept. Chair: _____

How many hours do you require to meet your internship requirement? _____

Semester(s) for which you are applying: _____

1. Are there any specifications that your program requires? Timeframe for completion, qualifications of onsite supervisor, etc. Please clarify

2. Of all the places you considered as a possibility for an internship, what compelled you to see an internship at the Houston Area Women's Center?

3. What goals do you want to accomplish during your internship at the Houston Area Women's Center

4. What relevant work and/or school experience do you bring with you?

REFERENCES:

Please list at least two **(2) references** that are **NOT** related to you from your college or university program. Please provide an E-Mail address and phone number for each individual listed.

1. _____
Name Phone E-Mail

2. _____
Name Phone E-Mail

How did you learn about our internship program? (Please check all that apply)

- School
- Speaker
- Agency Website
- Another Website _____
- Current Houston Area Women's Center Intern

INFORMATION YOU SHOULD KNOW:

I understand that I must complete all training relevant to the assigned program and provide appropriate written references before I can work as an Intern with the Houston Area Women's Center.

I understand that the Houston Area Women' Center will conduct a criminal background investigation; and that I will be asked to grant written permission for that part of the Intern screening process.

I will receive a copy of the Intern Manual providing me with requirements and other important information and I assume the responsibility of reading the manual and for asking questions for clarification.

I understand that I am responsible for completion of the hours required in my Internship program..

Clinical Supervision will be provided by the Houston Area Women's Center.

I understand that completion of this application does not ensure placement in the Internship Program at the Houston Area Women's Center.

Signature

____/____/____
Date

Please return completed application to the Human Resources Department of the Houston Area Women's Center.

E-Mail: intern@hawc.org

Fax: 713-526-7863

Mail to: Houston Area Women's Center,

Attn: HR Admin

1010 Waugh Drive

Houston TX. 77019

INTERN DEMOGRAPHIC INFORMATION

The following information is not required, but is needed for tracking and grant application purposes. We would appreciate your response:

GENDER: Female Male

ETHNICITY:

Caucasian African-American Hispanic/Latino
 Asian Native American Other _____

LEVEL OF EDUCATION:

Less than High School High School/GED Some College
 Associate's Degree Bachelor's Degree Master's Degree
 JD Doctorate Graduate of Business/Technical College

The following information may be utilized for community outreach or for tracking purposes requested by various organizations:

Membership in Professional or Civic Organizations

(You may choose to exclude those which could disclose your race, color, religion, political affiliation, sexual orientation, or national origin)

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

Last Name: _____ First Name: _____ Middle Name/Initial: _____

Maiden or other name(s) used in any and all other records of birth or records of residence. _____

*Address: _____ Apartment or #: _____

City: _____ County: _____ State: _____ Zip: _____

**Date of Birth: _____ Social Security Number _____ **Gender: _____ **Race: _____

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

I, _____ am an applicant for an Internship Program with the Houston Area Women's Center and have been advised that as a part of the application process, the agency conducts a criminal history background check. I do hereby consent to the agency use of any information provided during the application process in performing the criminal history check. The agency has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer opportunities to me. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the agency. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information

The following are my responses to questions about my criminal history (if any).

1. Yes No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If yes, please provide details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction:

2. Yes No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction:

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction:

Applicant Signature

_____/_____/_____
Date