

NEW BEGINNINGS COUNSELING CENTER INTERN APPLICATION

Name:		Date: (Mo/Day/Yr)	Position(s) applied for: Volunteer Counselor		
Address: Number Street		City	State	ZIP	
Telephone(s):		Cell Phone:	E-mail:		
List any other name, nickname, or alias you have used:					
Who referred you to us, or how did you hear about this position?					
Type of internship you are seeking: <input type="checkbox"/> Pre-Master's Traineeship <input type="checkbox"/> Post-Master's Internship <input type="checkbox"/> Practicum Training <input type="checkbox"/> Pre-Doctoral Internship <input type="checkbox"/> Post-Doc				Date you can start:	
Education:	School name and location	No. of Years	Degree/Diploma	Major/Minor	
High School					
Technical or trade school			Yr		
College			Yr		
Post Graduate			Yr		
Describe any other special training and/or professional certifications that you have received:					
WORK AND/OR CLINICAL EXPERIENCE: This section must be completely filled out – a resume may also be attached to supplement the info here. Start with your current or most recent position , and account for all periods of (including full-time, part-time, and temporary) for the previous five years. Use additional pages if necessary.					
1 Company:		Fm: Mo / yr	To: Mo / yr		
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:		Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:		Phone number:		EXPLANATION:	
2 Company:		Fm: Mo / yr	To: Mo / yr		
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:		Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:		Phone number:		EXPLANATION:	
3 Company:		Fm: Mo / yr	To: Mo / yr		
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:		Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:		Phone number:		EXPLANATION:	

4 Company:	Fm: Mo / yr	To: Mo / yr	
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Position:	Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Duties:	Phone number:		EXPLANATION:
Explain any periods of unemployment between the positions listed above: (You are not required to provide information about physical or mental disabilities or other medical information.)			
ADDITIONAL INFORMATION:			
Do you use alcohol or drugs to the extent that it might impair your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please describe	
Is there any reason why you would not be able to conform to accepted ethical guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please describe	
Do you have any commitments to another entity, business or person that might affect your commitment to New Beginnings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please describe	
Can you provide proof of authorization to work or study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you take any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the position for which you are volunteering, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed.			
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.)			
Do you speak, write or understand any foreign languages that might apply to our work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which language(s)?			
Answer the following questions if you are applying for a professional position:			
Are you licensed/certified for the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of License/Certification: _____ Issuing State: _____ License/Cert #: _____			
Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____			

Is there anything else you would like us to know that will help us make a hiring decision?			

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer position shall be grounds for rejection of this application or for immediate termination of my volunteer position, regardless of the time elapsed before discovery. _____ (initials)

I authorize _____ ("the Company") to investigate the information in this application and my resume, and further authorize any person or institution, including my current employer (except if noted otherwise above) to provide the Company with records, information, and opinions that may be useful in making a decision, and I release all such informants from all liability for any damage that may result from furnishing such information and opinion that is truthful or made in good faith. _____ (initials)

If I become a volunteer, I agree to abide by the rules, regulations, policies and procedures of the Company. _____ (initials)

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my volunteer time, if asked to volunteer, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am asked to volunteer, my volunteer status is "at will" and for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the Company, and according to acceptable ethical guidelines, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. _____ (initials)

I understand that I will be required to possess a valid California driver's license if my job requires me to drive in the course of my work. _____ (initials)

I understand that this position may require a background screening. _____ (initials)

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not invited to volunteer as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. _____ (initials)

I waive receipt of a copy of any public record described in the paragraph above.

If offered volunteer status, I understand that I will be required to review, complete and execute various documents, including but not limited to, this application, a volunteer handbook and its receipt form, and confidentiality and non-disclosure agreements. I agree that the process of my being asked to volunteer will not be complete until all documents have been signed. _____ (initials)

I also understand that continued volunteer status is conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to study or work in the United States.

Signature _____

Date _____