



## Just Communities' Internship Program Application

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ Projected Hours to be Completed: \_\_\_\_\_

### INTERN INFORMATION

Name: \_\_\_\_\_

High School/College/University: \_\_\_\_\_ GPA: \_\_\_\_\_

Circle One: 9th    10th    11th    12th    College/University Student

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Email: \_\_\_\_\_

Campus Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact # ( \_\_\_\_\_ ) \_\_\_\_\_

List languages you are proficient/fluent: \_\_\_\_\_

### INTERNSHIP AREAS OF INTEREST

Internship opportunities are available in the following areas, hours may vary depending on the assignment and student schedule: (please rank areas of interest: 1 being most interested and 8 being least interested).

\_\_\_ Youth Programs

\_\_\_ Administrative Support

\_\_\_ Research / Data

\_\_\_ Social Equity Summit

\_\_\_ Parent Program

\_\_\_ Language Justice

\_\_\_ Communications

\_\_\_ Interactive Media and/or Graphic Design

*\*All youth under the age of 18 must have parent/guardian permission to participate in the internship program. The parent/guardian must read and initial all sections.*

Internship Applicant Initial: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**WEEKLY AVAILABILITY**

Please list your weekly availability below.

Note:

-We ask that each daily shift is a minimum of 2 hours.

-On occasion, there may be opportunities to intern during weekend events or programs.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**Projected Hours to be Completed:** \_\_\_\_\_

**EDUCATION AND TRAINING**

|                                | School Name | City | State | Major Course of Subject | Graduation Date | Degree |
|--------------------------------|-------------|------|-------|-------------------------|-----------------|--------|
| High School or Preparatory     |             |      |       |                         |                 |        |
| Trade School/ Technical School |             |      |       |                         |                 |        |
| College/ University            |             |      |       |                         |                 |        |

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Internship Applicant Initial: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**PARENT /GUARDIAN INFORMATION (only if under 18 years old)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Cell Phone :** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

Does your child have a special need or health condition that may affect participation? (Check one)

Yes  No

If yes, please give brief explanation:

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

**PARENT PERMISSION STATEMENT (only if under 18 years old)**

- I hereby give my permission for my child to participate in activities and events as a volunteer / intern.
- I voluntarily release Just Communities from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of the aforementioned parties.
- I agree that my child may take part in program evaluations.
- I agree that my child may be photographed and /or video recorded to promote Just Communities.
- I further state that this form is accurate and complete to the best of my knowledge.

**Internship Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Scan and send your completed application to Karen Hernandez at [khernandez@just-communities.org](mailto:khernandez@just-communities.org)

Contact our office for more information (805)966-2063.

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Internship Applicant Initial: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_