



**BOYS & GIRLS CLUBS**  
OF SYRACUSE

# Internship Application

<b>Contact Information</b>	
Name	
Street Address	
City State ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

## Internship Placement

Internship Area (i.e., social work; psychology, etc): \_\_\_\_\_

University Affiliation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ # of hours required: \_\_\_\_\_

## Availability

Monday \_\_\_\_\_ (TIME)

Tuesday \_\_\_\_\_ (TIME)

Wednesday \_\_\_\_\_ (TIME)

Thursday \_\_\_\_\_ (TIME)

Friday \_\_\_\_\_ (TIME)

**Beginning Date:** \_\_\_\_\_

## Area of Specialization

\_\_\_\_ Administration: Program Director      Marketing/Public Relations      (circle one)

\_\_\_\_ Programming (Youth)

\_\_\_\_ Other: \_\_\_\_\_

**Age Group Preference**

Tell us which age group you would prefer to work with, we will try and place you with this preference as much as possible

- Kindergarten- 1<sup>st</sup> grade
- 2<sup>nd</sup>-3<sup>rd</sup> grade
- 4<sup>th</sup> and 5<sup>th</sup> grade
- Middle School (6<sup>th</sup>-8<sup>th</sup>)
- High School
- Recreation (sports administration/fitness)

**Site Preference**

Tell us which site you would prefer to work at, we will try and place you with this preference as much as possible

- East Fayette
- Central Village
- Shonnard Street

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from course work, practicum experiences, employment, previous volunteer work, or through other activities, including hobbies or sports.

**Major Area of Concentration**

Tell us about your major and how you would utilize this area into your internship with the Boys & Girls Club.

**Experience with the Boys & Girls Clubs**

What is your experience and knowledge about the Boys & Girls Clubs of Syracuse?

## References

Please list # references and note the specific requirements:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Professor: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employment: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Personal: \_\_\_\_\_

## Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City State ZIP Code	
Home Phone	
Work Phone	
Email Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name(printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for you interest in volunteering with us.

### FOR OFFICE USE ONLY:

Date Orientation scheduled: \_\_\_\_\_

Orientation completed- Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Entered into Volunteer tracker- Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Comments:

## BACKGROUND CHECK RELEASE OF INFORMATION

I, \_\_\_\_\_

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

\_\_\_\_\_  
Current Physical Address (MUST INCLUDE STREET, CITY, STATE, AND ZIP CODE)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Race

\_\_\_\_\_  
Driver's License or State ID

\_\_\_\_\_  
State of Issue

Have you ever been arrested or convicted of a felony: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been arrested or convicted of a misdemeanor: YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to either question above please provide a brief explanation of offense and date below:

My signature below evidences my understanding that I am being considered for a position of employment or volunteer at the BGCS and I hereby authorize BGCS to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in New York or National Registries. I understand that I may at any time request in writing a copy of all findings. I further understand that information obtained during the investigation(s) may be used as a basis for the acceptance or denial of appointment or reappointment, as well as termination when appointed to the above position pending completion of my records check investigation. I understand that refusal to supply accurate information and sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be confidential.

**Applicant Signature:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Identification Verified (picture ID): DL: \_\_\_\_\_ State ID: \_\_\_\_\_ Other: \_\_\_\_\_

Employment: \_\_\_\_\_ Program Volunteer: \_\_\_\_\_ Board Volunteer: \_\_\_\_\_ Intern: \_\_\_\_\_ Other: \_\_\_\_\_

Date Background processed: \_\_\_\_\_ Background Results received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Result Concerns: \_\_\_\_\_