



BOYS & GIRLS CLUBS OF SYRACUSE

Thank you for your interest in completing an internship at the Boys and Girls Clubs of Syracuse. We are looking for interns for Spring, Summer or Fall semesters and would love to meet with you.

Here is the process to get started:

1. Complete the attached application and Human Resources will make an appointment with you for an interview. Interviews must be completed 30 days before the beginning of the semester.
2. For your interview you will need to bring the application, a resume, and a driver's license or state ID.
3. All interns are expected to attend a week long training at the beginning of the semester you are to complete your internship. Training is mandatory.

We appreciate your patience throughout this process and will contact you if we feel we can accommodate your internship requirements.

Sincerely,

Patrick E. Driscoll
Executive Director



BOYS & GIRLS CLUBS
OF SYRACUSE

Internship Application

Contact Information	
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- 1st grade
- 2nd-3rd grade
- 4th and 5th grade
- Middle School (6th-8th)
- 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
- Hamilton 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: _____