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,

[Signature]

Patrick E. Driscoll
Executive Director
Internship Application

<table>
<thead>
<tr>
<th>Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City State ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Street Address</th>
<th>City State ZIP Code</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name (printed)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### 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 your 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: ____________________________________________