



Intern Application

Date: _____

DOB: _____

Name: _____

Address: _____

City

State

Zip

Home Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Undergraduate Graduate

College/University: _____

Address: _____

City

State

Zip

On-Campus Supervisor/Contact Name: _____

Telephone: _____

Fax: _____

College Status (year): _____

Anticipated Graduation Date: _____

Major: _____

Minor: _____

Have you ever been convicted of a felony/crime/arrested? _____ Yes _____ No

If the answer is yes, please explain: _____

Are you currently doing any other volunteer work? _____ Yes _____ No

If the answer is yes, where?: _____

Please provide a brief description of why you are interested in an internship at Anchor House, Inc.: _____

Please describe any qualifications, training or experience relevant to this internship:

Please list any community organizations or activities to which you currently belong and in which you participate:

Which program are you most interested in working with?:

Angel's Wings(ages 0-12) Anchor House Shelter(ages10-17) Anchorage(ages 18-21)

Please list any dates and times you are available for the internship:

Please provide 3 letters of reference—ONE of which must be from the course instructor that this internship is for. Anchor House also requires a copy of your student identification card and course syllabus.

Applicant's Statement:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have nay of the statements verified by the agency and/or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as an intern and may result in my immediate termination, even if discovered at a later date.

I authorize representatives of Anchor House, Inc. to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the agency and/or its representatives may contact to provide all information they have about me. Furthermore, I agree to cooperate in such investigation and release all liability or responsibility of the agency, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

Signature of Applicant

Date

Please return completed application and 3 references to:
Anchor House, Inc.
482 Centre Street, Trenton, NJ 08611
Attn: Volunteer Coordinator