

INTERNSHIP AND VOLUNTEERS

Prior to joining our team, you will need to fulfill the following requirements:

1. *Complete and submit the enclosed application*
2. *Submit a recent Tuberculosis clearance (results must be within the past 45 days for skin test and within the past 6 months for chest x-ray)*
3. *Copy of a picture I.D.*
4. *LiveScan Receipt*
5. *Submit Proof of COVID-19 Vaccination*
6. *Two Personal References*

Please submit the above documents to the Human Resources Department.

Once received, a Human Resources Representative will review your information and will contact you to discuss your possible placement.

If you should have any questions, please contact the Human Resources Department.

TEL 323.242.5000 x1280

FAX 323.328.1660

EML cvillaviray@shieldsforfamilies.org

**For internship applications, please submit to Clinical Supervision Administrator, Kimberly Brown.*

EML: kbrown@shieldsforfamilies.org

CELL: 323.516.2012



INTERNSHIP APPLICATION FORM

Today's Date: ____/____/____

Applicant Info

NAME: _____ D.O.B.: ____/____/____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: (____) ____-____ EVENING PHONE: (____) ____-____

EMAIL: _____

OCCUPATION: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Are you a student? Yes ☐ No ☐

If so, is volunteer/internship work required for school? Yes ☐ No ☐

If yes, how many hours are required? _____

Desired Start Date: _____

INTEREST/EXPERIENCE/SKILLS/SPECIALTY: _____

Availability

DAYS/HOURS YOU ARE AVAILABLE:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P
End Time	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P	: ☐ A ☐ P

Interests

I am interested in helping SHIELDS with the following:

Please check all that apply

☐ Administrative

☐ Health Issues

☐ Life Skills

☐ Children's Services

☐ Job Issues

☐ Literacy Issues/Program

☐ Mental Health

☐ Legislative Issues

☐ Maintenance

☐ Fundraising

☐ Other: _____

I am interested in interacting directly with clients:

☐ Infants/Toddlers (0-5)

☐ Children (5-18)

☐ Adults

☐ Substance Use

EMPLOYMENT HISTORY

CURRENT EMPLOYER:

FROM:

TO:

POSITION:

LOCATION:

DESCRIBE DUTIES:

PREVIOUS EMPLOYER:

FROM:

TO:

POSITION:

LOCATION:

DESCRIBE DUTIES:

PREVIOUS VOLUNTEER
EXPERIENCE:

FROM:

TO:

DESCRIBE DUTIES:

ADDITIONAL PREVIOUS
VOLUNTEER EXPERIENCE:

FROM:

TO:

DESCRIBE DUTIES:

EDUCATIONAL HISTORY

COLLEGE:

LOCATION:

GRADUATED Yes ☐ No ☐

DEGREE:

SPECIALTY: Yes ☐ No ☐

GRAD SCHOOL: Yes ☐ No ☐

SCHOOL:

OTHER:

REFERENCES (Please provide two personal references)

NAME:

YEARS KNOWN:

RELATIONSHIP:

PHONE NUMBER:

NAME:

YEARS KNOWN:

RELATIONSHIP:

PHONE NUMBER:

OTHER INFORMATION

How did you hear about our organization?

Why do you want to Intern with us?

Can speak a language other than English? Yes ☐ No ☐

If yes, what language and how would you rate your fluency?

Human Resources Department

P.O. Box 59129 / Los Angeles / CA 90059 TEL 323.242.5000 / FAX 323.242.5011

Do you have transportation? Yes ☐ No ☐

Notification and Agreement (Please read before signing):

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____