1920 Second Loop Rd

Phone: (843) 629-0236

THE CARE HOUSE of the Pee Dee
A House of Help, Hope, and Healing

Florence, SC 29501

Fax: (843) 773-6212

INTERN APPLICATION

Thank you for your interest in the CARE House. Please fill out all of the application below, this will ensure that we are able to offer you a valuable internship.

Name: _____ DOB: _____ Gender: M   F

Address-City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Undergraduate School: _____

Professor/Supervisor Name: _____ Phone: _____ E-mail:

Major: _____

Internship Course/Department: _____ Hours needed: _____

EDUCATION:

High School: _____ City, State: _____

Did you graduate? Yes (year _____) OR   No

College: _____ City, State: _____

Dates-From: _____ To: _____

Did you graduate? Yes (year _____) Degree: _____ OR No

Other College: _____ City, State: _____

From: _____ To: _____

Did you graduate? Yes (year _____) Degree: _____ OR No

CURRENT/PREVIOUS EMPLOYMENT:

Company: _____Phone: _____

City, State: _____   Dates-From: _____To: _____

Job Title: _____Responsibilities: _____

_____

_____

Reason for leaving:

_____

May we contact your current/previous supervisor for a reference? Yes   OR   No

Company #2: _____Phone: _____

City, State: _____   Dates-From: _____To: _____

Job Title: _____Responsibilities: _____

_____

_____

Reason for leaving:

_____

May we contact your current/previous supervisor for a reference? Yes   OR   No

Volunteer Experiences (Please provide any experience working with children or maltreatment of

children):

_____

_____

What do you know about The CARE House?

_____

_____

Why are you interested in securing an internship position with The CARE House?

_____

_____

What characteristics do you possess that would be beneficial to the organization?

_____

_____

Have you or a family member ever received services from the CARE House?
Yes____No ____

Have you ever been charged or convicted of a felony, any violent crime, or any crime involving children?

Yes ____No____

If yes, please explain.

_____

_____

Thank you for considering an internship position at The CARE House!

Disclaimer/Signature: I certify that my answers, on this application, are true and complete to the best of my knowledge. If this application leads to internship/volunteer work, I understand that false or misleading information could result in termination.

Signature: _____ Date: _____