

1920 Second Loop
Florence, SC 29501



Phone: (843) 629-0236
Fax: 843-773-6212

Graduate 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: _____

Graduate School: _____ Major: _____

Professor/Supervisor Name: _____ Phone: _____

Email: _____ Internship Course: _____

Hours needed :Practicum _____ Internship _____

EDUCATION:

High School: _____ City, State: _____

Graduation Date: _____

College: _____ City, State: _____

Dates-From: _____ To: _____ GPA: _____

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

Other College: _____ City, State: _____

From: _____ To: _____ GPA: _____

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

Have you or a family member ever received services at 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.

Please list three references: (One must be a professor or supervisor)

1. Name: _____

Home/Work Number: _____

Relationship: _____

2. Name: _____

Home/Work Number: _____

Relationship: _____

3. Name: _____

Home/Work Number: _____

Relationship: _____

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 our organization as a graduate intern?

Issues of sexual, physical and emotional abuse can evoke strong, sometimes, troubling emotions that can complicate the advocate/client relationship. If you feel for any reason your ability to work with a client is compromised, or after working with a client you feel emotionally stressed, how would you handle it?

What are your long- term career interest and goals?

CARE House Hours: Mon.-Thurs: 8:00-5:00 Friday: 8:00-2:00 (Community Outreach events/Fundraisers)

Hours available: Mon____ Tues____ Wed____ Thurs____ Fr____

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

Please attach a resume

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: _____

Date received: _____