

Northern Virginia Family Service 10455 White Granite Drive, Suite 100, Oakton, Virginia 22124 571.748.2626 | 703.385.5176 (fax)

Internship Application

| | | | | Too | day's Date: | | |
|--|--|---|---|----------------------|---|----------------------|--|
| Name: | | | | D.O.B.: | | | |
| | | | | | | | |
| City: | | | | | ZIP Code: | | |
| E-mail: | | Mobile: | | W | Work: | | |
| Languages spoke | en: | | | | | | |
| School: | | | Degree Pro | ogram: | | | |
| Program Year: 1 ^s | t yr / 2 nd yr / 3 rd yr | + School Field | Coordinator: | | | | |
| School Field Coo | rdinator Phone: _ | | | Email: | | | |
| Emergency Conta | act Name: | | Relati | | | ionship: | |
| Emergency Conta | act Phone(s): Ce | ell/Home | | | | Home | |
| | | | | | | | |
| Placement semes | | | | | Fall 2017 □ \$ | Spring 2018 | |
| | ent: | | • | | d: | | |
| • • • | lain: | | esult in the denial | | | es □ No | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning | |
| Afternoon Evening | Afternoon Evening | Afternoon Evening | Afternoon Evening | Afternoon Evening | Afternoon Evening | Afternoon Evening | |
| What type of Internship experien Client Service Track: Case Management Social Work Mental Health/Therapist Early Childhood Development Nursing/Health/Nutrition | | Client Serv Children Adults Shelter Commun | vice & Setting: v/Youth nity-Based ased | u? (check all that | Administrative Track: Information Technology Development/Communications Finance Human Resources Quality Improvement Advocacy/Community Relations Business Operations | | |
| What skills do you bring to NVFS? □ Accounting/Finance □ Administrative/Clerical □ Advertising □ Counseling □ Customer Service □ Database Design/Administration □ Driving (Commercial Vehicles) □ Education/Teaching □ Fundraising □ Grant Research/Writing | | ☐ Graphic Design ☐ Human Resources ☐ Interpreting/Translating ☐ IT Support ☐ Legal Services | | | ☐ Special Events Planning ☐ Tutoring ☐ Web Design ☐ Other: | | |

Revised: 11/11/2016

NVFS

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Education, Employment & Internship History

Please attach your resume including education, employment and internship history with this Internship Application even if your resume has already been submitted.

Statement and Release

The facts set forth in this application and attached resume are true and complete. I understand that if placed, knowingly false statements on this application and attached resume shall be considered sufficient cause for termination. I understand that all information in this application is subject to verification and I consent to criminal history, motor vehicle, child protective services and credit background checks. I authorize NVFS to obtain information about me from my educational institution(s) and, if requested, from references. I authorize these educational institution(s) and references to disclose to NVFS such information about me as NVFS may request.

I understand the nature of internship activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from project site locations, and other potential risks of injury. I hereby release and discharge Northern Virginia Family Service and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a NVFS intern.

I give permission to NVFS and parties designated by NVFS to record my story and/or likeness and use such accounts in all forms of media, for any and all promotional purposes including brochures, television interviews, NVFS reports/press releases, radio or newspaper interviews, photos, public service announcements, fundraising appeals, video production, NVFS website and related internet marketing indefinitely, unless or until I revoke this permission in writing.

Please note: NVFS will retain this application for a period of 60 days. Candidates are kindly requested to reapply for internship placement after this time.

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|---|------------|-------|
| , | Signature: | Date: |
| | | |

| NVFS Staff use only: | Date Entered: | Entered By: |
|----------------------|---------------|-------------|
| Placement: | | |
| Supervisor: | | |
| | | |

Revised: 11/11/2016