

CHILDREN FIRST AND PARTNERS INTERN APPLICATION

Please fill out as applicable. Note: all internships are unpaid internships.

I. PERSONAL INFORMATION

Name:	
Address:	
Telephone No:	Cell Phone:
Email:	

II. EDUCATION

Please list all educational institutions attended, time periods attended, and degree awarded, starting with the most recent institution.

Name and address of Institution	Degree Awarded	Dates Attended

III. List any courses that you have taken or certifications that you feel are particularly relevant to this internship:

1. Please describe what you would like to learn and achieve at Children first and Partners during your internship.

2. Please describe any previous volunteer experience that you have had.

3. Please describe your communication style and how you work in a diverse environment.

4. Please indicate below the days and hours during those days that you are able to commit to volunteer work and when would you be available to start and for what time period?

5. Do you have a car or transportation?

6. What foreign language skills do you have?

7. Is there anything else that you would like us to know about you?

8. Please provide three (3) references that you would like us to contact that are familiar with your previous work or volunteer activities.

Thank you for your interest in internships at Children First and Partners.

Signature of Applicant: _____

Date: _____

For this application to be considered complete, it must be filled out entirely and accompanied by a cover letter and a resume and submitted to Children First and Partners.



Children First Partners
Because Every Child is Number One!

Consent for Release of Information

I recognize that any offer of volunteer work to me by Children First and Partners (CFP) is conditional upon my successfully passing reference and background screenings. I understand that CFP shall conduct Pre-Employment Reference and Background Checks thoroughly and within the confines of all applicable state and federal laws.

In consideration of CFPs review of my application for volunteer, I hereby release any individual, entity, and Children First and Partners from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I hereby voluntarily consent to and authorize CFP, or its authorized representative bearing this release or copy thereof, in connection with my application for volunteer with Children First and Partners, to obtain a consumer report (no credit check will be performed) for employment purposes including:

- Criminal History
- Department of Motor Vehicle History
- Certification and Licensing
- Educational Credentials
- Employment Eligibility (Social Security Number Check)
- Employment Checks
- Reference Checks

I authorize all persons who may have information relevant to this research to disclose such information to CFP, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature of Applicant

Date

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.

Children First Partners

Because every child is number one!

Volunteer Application

For DCF Use



AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

I, _____ do hereby authorize the Department of Children and Families to research their records for any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect in which I / my family have been named, and to release it to the agency listed below.

I understand that this information will be used solely to determine my suitability for EMPLOYMENT/volunteering by The Village for Families & Children, Inc., 1680 Albany Avenue, Hartford, CT 06105.

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE PRINT CLEARLY IN INK

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NAME _____ Date of Birth ____/____/____

Last First Middle

Social Security Number (SSN) ____ / ____ / ____

ADDRESS _____

Street [No P.O. Boxes] Apt#

City State Zip Code

How long at current address? _____ YRS _____ MOS

PREVIOUS ADDRESS(es) / LIST ALL FOR THE LAST FIVE YEARS (continue on reverse side of form if necessary) check

if reverse side used

ADDRESS _____

Street [No P.O. Boxes] Apt# City State Zip Code

How long at this address? _____ YRS _____ MOS

ADDRESS _____

Street [No P.O. Boxes] Apt# City State Zip Code

How long at this address? _____ YRS _____ MOS

OTHER NAMES I HAVE USED: _____

Including MAIDEN, PREVIOUS MARRIAGE(s):

Last First Middle

Last First Middle

check if reverse side used

NAMES OF SPOUSES/other ADULTS IN THE HOME: _____

Last First Middle DOB

Past and present

Social Security Number (SSN) ** Signature / Date (if still in the home)

check if reverse side used

Last First Middle DOB

Social Security Number (SSN) ** Signature / Date (if still in the home)

NAMES of ALL CHILD(REN): _____

Last First Middle sex DOB

Biological, Stepchildren Including adult children in or out of the home

Last First Middle sex DOB

check if reverse side used

Last First Middle sex DOB

DATE: _____ APPLICANT SIGNATURE: _____