



# The Arc of Cumberland & Perry Counties Internship Application

Please fill out this form and return to:  
71 Ashland Avenue, Carlisle, PA 17013; Attn: Public Relations Specialist

## Personal Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name Of College or University: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 or older: Yes  No

## Emergency Notification:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

## Background:

Have you ever been convicted of a felony? Yes  No

If so, when and where? \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Have you ever been bonded? Yes  No

Ever refused a bond? Yes  No

Do you have a valid driver's license: Yes  No

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please List below any moving violations or accidents within the past 3 years:

Some positions may require a background check, child abuse check, or a physical/TB-test; will you be able to provide those?

Yes  No

## Work Authorization:

U.S. Citizen/Permanent Resident

F-1 Student Visa

Other: \_\_\_\_\_

## Experience:

Previous Volunteer Experience (Please include contact name and phone number):

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**Academic Faculty or Internship Coordinator:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current GPA: \_\_\_\_\_

Anticipated Internship Dates: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Major: \_\_\_\_\_ Second Major/Minor: \_\_\_\_\_

# Internship Credit Hours: \_\_\_\_\_

**Commitment:**

Availability: S M T W TH F S Daytime Hours OR Evening Hours

Do you have specific hours due to a strict schedule? Yes  No  If so, please list below:

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Preferred Amount of Hours to Intern at CPARC: \_\_\_\_\_ per week.

Specific CPARC Program Interested in (Neighbors, Residential, Life Time, Etc.): \_\_\_\_\_

Please List Related Courses, which supports this request for Internship:

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Please list Career Goals you have: \_\_\_\_\_

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Why do you want to Intern with CPARC? : \_\_\_\_\_

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**Education:**

Name of Colleges, Business or Technical Schools	City/State	Dates Attended	Phone No.

High School Attended \_\_\_\_\_

City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_

Diploma/GED \_\_\_\_\_

Yes  No

**Community/Professional Organizations, Honors and Awards:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently employed?** Yes  No  **Will you continue to work during your internship?** Yes  No

**What Days/Hours will you continue to work?** (If unsure, mark your current work schedule)

S M T W T H F S Evening Hours: \_\_\_\_\_ Daytime Hours: \_\_\_\_\_

***Beginning with your most recent employer, please list the last 3 jobs you have held.***

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:	Employment Dates: ____/____/____ to ____/____/____	
Duties:	Reason for Leaving:	

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:	Employment Dates: ____/____/____ to ____/____/____	
Duties:	Reason for Leaving:	

Company Name:	Telephone:	Job Title:
Address:	City, State, Zip	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor's Name:	Employment Dates: ____/____/____ to ____/____/____	

Duties:	Reason for Leaving:
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**Please list any special clearances (criminal/child abuse/etc.) you may have and the date they were obtained:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**References:**

Please list three references, not family, who we may contact.

Name	Occupation/Employer	Address	Phone Number

Please give any other information you may wish to include in this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read statement carefully before signing:**

I agree to comply with the rules and regulations of The Arc of Cumberland & Perry Counties (CPARC). I affirm that all statements and answers are true to the best of my knowledge and that I have not withheld any information. I authorize CPARC to conduct any necessary and reasonable investigation with respect to my application, and release former employers and personal references from any liability for damage caused by giving or receiving information or opinions as to my employment or character. It is understood that any false statement may be considered sufficient cause for rejection or for dismissal if an internship had been granted.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit a current resume with the application. Once you have returned the application it will be reviewed, and you will be contacted should further information be needed.*

**Completed Applications may be returned to:**

71 Ashland Avenue

Carlisle, PA 17013

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