



Administration Office: P.O. Box 713
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Tel (207) 795-6744
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Helpline 1-800-559-2927
www.safevoices.org

Internship Application

Name: _____ Date: _____

E-mail Address: _____

School: _____

Program/Major: _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: () - _____ Home: () - _____

Cell: () - _____ Other: () - _____

Date of Birth: ____/____/____ I am 18 years old or older I am under 18

I agree to a criminal background check

I agree to sign a confidentially waiver

Emergency Contact Information:

Name: _____ Relationship: _____

Emergency Contact Phone Number(s): () _____ () _____

PLEASE SUBMIT THIS APPLICATION ALONG WITH YOUR RESUME, A COVER LETTER, AND THE NAMES AND CONTACT INFORMATION OF AT LEAST TWO REFFERNCES TO: crendlen@safevoices.org

INTERNSHIP SCHEDULE: Begins ____/____/____ Ends ____/____/____

My Internship requires a minimum of _____hours during the total internship program.

Availability:

Number of hours you would like to intern each week?

_____(Minimum) _____(Maximum)

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	SUN
TIME:							

Prior volunteer/internship experience _____

What are your internship goals or learning objectives?

Why do you want to intern with Safe Voices?

