



<b>INTERNSHIP/PRACTICUM APPLICATION FORM</b>
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**Intended Semester of Internship:** \_\_\_ Summer \_\_\_ Fall \_\_\_ Spring / Year \_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

College/University you are attending: \_\_\_\_\_

Degree Program \_\_\_\_\_ Year in School/Program \_\_\_\_\_

School Address: \_\_\_\_\_  
 \_\_\_\_\_

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

School Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Education:**

<b><u>Type of School</u></b>	<b><u>Name and Location</u></b>	<b><u>Degree/Date</u></b>	<b><u>Major</u></b>
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or licenses: \_\_\_\_\_  
 \_\_\_\_\_

**Employment History:**

Most Recent Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor (Name and Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start/End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor (Name and Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start/End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**Volunteer Work:**

Please list your previous volunteer work: \_\_\_\_\_

Please list your current community activities (clubs, religious, fraternal and civic organizations):

How would this internship complement your academic studies? What are your learning objectives?

How did you learn about Heart Haven OutReach?

**References:**

Please list name, complete address, zip code and telephone of three references, over the age of 21 and not a family member.

<b>Name</b>	<b>Address/Zip</b>	<b>Phone</b>	<b>Relationship</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from Heart Haven OutReach, and I am willing to undergo a background check. I agree to signing a Heart Haven OutReach Confidentiality Agreement. I also agree to refer any inquiries regarding Heart Haven OutReach, it's programs, participants, sponsors or donors to the Executive Director or staff of Heart Haven OutReach. I understand that my application and all information contained herein will be held in strict confidence by Heart Haven OutReach and will not be released to any outside party without applicant's consent:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

*To avoid delay in processing your application, please be sure complete information is provided.*  
**Please return this form with a copy of your resume and at least one letter of recommendation to:**

**Heart Haven OutReach, 201 Canterbury Lane, Suite C, Bolingbrook, IL 60440 Fax: 630-226-8507**  
*or e-mail digital copy to: [rlawrence@hearthavenoutreach.org](mailto:rlawrence@hearthavenoutreach.org)*

# **BACKGROUND INVESTIGATION**

All applicants with Heart Haven OutReach, other than those for which a background check has already been done (i.e., School District employees), are subject to a background investigation. **If you have had a background check completed RECENTLY, please complete the form “Previous Background Check”**

## **Permission to Obtain a Background Check**

*(This form authorizes H2O to obtain background information and must be completed by the applicant. H2O must keep this completed form on file for at least five years after requesting a background check.)*

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize **Heart Haven Outreach** through its independent contractor, First Advantage, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Heart Haven Outreach**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the fair credit reporting act.

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

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## **Information To Create Order for Background Check (also known as “Consumer Reporting Agency”)**

Print Name: \_\_\_\_\_  
First Middle Last

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

Phone Number: \_\_\_\_\_

**Applicant will receive a welcome email from Shepherd’s Watch (please check spam folder) to start background screening process.**

**Screening process must be completed within 10 days of receiving the email.**

**After submittal, reports may take up to 3 to 5 business days for completion.**