



The Shelter for Abused Women & Children

PO Box 10102
Naples, FL 34101

239.775.3862 • FAX: 239.775.3061 • www.naplesshelter.org

How to Apply for an Internship

***Applications for Naples and Immokalee should be submitted to corresponding location:**

Jennifer Cronley

Clinical Services Director
The Shelter for Abused Women & Children
PO Box 10102
Naples, FL 34101

Office: 239.775.3862
FAX: 239.775.3061
Email: jcronley@NaplesShelter.org

Application Process:

Applications are accepted year round for review. This does not guarantee that your internship will be accepted immediately. Please call The Shelter to find out if there are available placements.

Applicants who are selected for an interview will be contacted in a timely manner to schedule an interview appointment.

Eligibility:

Candidates must be enrolled in an undergraduate/graduate program. This may be in psychology, sociology, social work, counseling, criminal justice, or legal studies.

Note:

The internship schedule varies depending on agency need and intern need and is unpaid. All interns must complete a 30 hour training provided by the agency at no cost.

Applications should include:

1. A resume.
2. A cover letter describing your interest in this internship.
3. A letter of recommendation from a professor or employer in a field related to what you are studying.

Please feel free to contact the Clinical Services Director at 239.775.3862 with any questions that cannot be answered by the website.

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Internship Application

Date: _____ **Name:** _____

School: _____ **School Phone:** _____

Name of School Internship Coordinator/Professor:

School Supervisor/Professor's Telephone: _____

Degree: _____ **Major:** _____

Current GPA: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Social Security #:** _____

Emergency Contact: _____ **Relation:** _____ **Phone:** _____

2. Availability

- **Number of hours of commitment per week:** _____
- **Your Preferences: HOURS:** _____ **DAYS:** _____
- **Please note that the availability on the weekends is very limited and not always granted*
- **Do you have access to an automobile you can use for intern work?** _____
- **Preference:**
SCHEDULED YES _____ NO _____

3. Preferences in Internship (Please Check Areas of Interest)

- _____ **Naples Counseling Outreach**
_____ **Immokalee Counseling Outreach**
_____ **Emergency Shelter**
_____ **Legal Assistance**
_____ **Other:**

4. Skills and Interests

- **Current Occupations:** _____
- **Previous Occupations:** _____
- **Hobbies/Skills/Interest:** _____
- **Current/Previous Volunteer Experience:** _____

- **Are you multilingual? If yes, note language(s):** _____

5. Background Verification

- **Have you ever been convicted of a criminal offense? YES _____ NO _____**
- **Have you ever been charged with neglect, abuse or assault? YES _____ NO _____**
- **Has your driver's license ever been suspended or revoked in any state? YES _____ NO _____**
- **Do you use illegal drugs? YES _____ NO _____ If yes, please explain:** _____

6. Permission to Perform Background Check

I hereby allow SAWCC, Inc. to perform a check of my background, including:

- ✓ **Criminal Record, Driving Record, Educational/Professional Status, Personal References, Physician**

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for volunteering.

I understand that information collected during this background check will be limited to what is appropriate for particular types of volunteer work. All such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contracted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Sign _____ Date _____

***The Shelter for Abused Women & Children Complies with** section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA) According to the requirements of Title VI of the Civil Rights Act of 1964, clients with limited English proficiency or hearing impairment have the right to receive FREE language interpretation, translation and other accommodations in order to access information and services, regardless of race, gender, country of origin, and religion. If you are in need of language assistance, including translation, interpretation or other accommodations, please let us know – this service will be provided to you at no cost. A TTY (Telecommunication Device for the Deaf) telephone line is available at The Shelter for residents who may be hearing impaired and Braille signage is used throughout the building.

7. References

Please list at least two non-family references who we might contact:

Name: _____ **Company/School:** _____

Phone: _____ **Relationship:** _____ **Known how long:** _____

Name: _____ **Company/School:** _____

Phone: _____ **Relationship:** _____ **Known how long:** _____

Name: _____ **Company/School:** _____

Phone: _____ **Relationship:** _____ **Known how long:** _____

Name: _____ **Company/School:** _____

Phone: _____ **Relationship:** _____ **Known how long:** _____

8. Miscellaneous

- What attracted you to our agency and how did you hear about us? _____

- Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

- Have you ever had any personal experience with violence?

(Answer only if you wish to do so) _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ **Date:** _____