



boy with a ball

reaching youth - building leaders

Intern Application

(CHECK ONE) Miss Ms. Mrs. Mr.	Today's Date:	Gender:	Male	Female
First Name:	Middle:	Last Name:		
Home Street Address:				
City:	State:	Zip code:		
Home Telephone:		Work Telephone:		
Cellular:		Other:		
Date of Birth:	Age:	SSN:		
Email Address:		Nationality:		
Are you currently employed:	Yes	No	(If yes, please complete the information below)	
Employer:		Address:		
Date Available to Begin Volunteering Position:				

Financial Position:

Boy With a Ball's basic internship provides interns with an opportunity to gain life-changing experience while engaging the invigorating work and intense team dynamic that makes BWAB what it is. Interns are expected to pay for their own expenses and are encouraged to reach out within their local church situation and family to raise support to help cover these expenses. These expenses normally range between \$600 and \$700 a month depending upon the intern's living situation, expected standard of living and recreational life.

There is an application fee of \$50. The cost of an internship is \$500 for one month or \$1500 for three months.

With all of that in mind, how do you plan on funding yourself during your proposed internship with Boy With a Ball?

In case of emergency, whom should we notify: (if under 18 years, you must list your parents/guardians)

Name:	Relationship:
Home Telephone:	Work Telephone:
Telephone Other:	

Languages	English Spoken	English Written	Spanish Spoken	Spanish Written	Other _____ Spoken	Other _____ Written
Advanced						
Intermediate						
Basic						

Education

High School: Did you graduate: Yes No

College or University: Did you graduate: Yes No

Graduate School: Did you graduate: Yes No

Specialized Education ,Training, or Skills (please list):

Please list any volunteer experience and include duties performed:

Explain interest in interning: (Please attach separate sheet if necessary)

Personal References:

Name: Relationship: Telephone:

Name: Relationship: Telephone:

Name: Relationship: Telephone:

Please read and sign the following statement:

All of the above statements and information that I have given are correct to the best of my knowledge. I also give permission for a background check to be performed. (etc. etc. etc.)

Applicant Name _____ Applicant Signature _____ Date: _____

Office Use Only:

Meeting with: _____ Appt. Day/Time: _____ No call/show
 Rescheduled:

Position Sought:

Tentative Start Date:

Comments:

Staff name/ signature:

Date:

Intern Orientation Date:

Attended:

No call/show

Rescheduled:

Paperwork Checklist:

Accepted Applicants

Activation Date:

Activated By:

Assignment Ended (Date):

Deactivated By:

Comments: