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# Little Friends, Inc. Internship Application

140 N. Wright Street  
Naperville, IL 60540  
630-355-6533  
630-355-3176  
www.littlefriendsinc.org

If you need assistance completing this application form or for any phase of the process, please notify the Human Resources Department and every effort will be made to accommodate your needs.

## Personal Data

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Name (Last, First, Middle) \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work/Cell/  
School Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_ at \_\_\_\_\_ Home/Work/Cell/School (circle one)

Referral Source: (Please Check One)

- ( ) Walk In ( ) Special Publication ( ) Other ( )  
( ) Newspaper ( ) Employee Referral (Name: ) ( ) Internet (Web site: )  
( ) Community Agency: ( ) Volunteer Fair ( )

For which program are you applying? \_\_\_\_\_

Duration of internship (dates) \_\_\_\_\_ # of Hours \_\_\_\_\_

Type of Supervision Required\* \_\_\_\_\_

\* Please attach copy of internship description/requirements (if applicable)

Comment: \_\_\_\_\_

Times you are available: [ ] Daytime [ ] Afternoon/Evenings [ ] Weekends

Please specify: \_\_\_\_\_

Are you willing to travel outside of Naperville/Downer's Grove? [ ] Yes [ ] No

Have you ever been employed by Little Friends, Inc.? [ ] Yes [ ] No  
If so, list program and dates you were employed \_\_\_\_\_

Are you related to anyone who works for Little Friends, Inc.? [ ] Yes [ ] No  
If so, please indicate Name and Division and/or Program \_\_\_\_\_

When would you be available to begin your internship? \_\_\_\_\_

When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment. Prior conviction may not necessarily exclude you from employment. All of the job-related circumstances surrounding convictions will be considered.

Have you ever been convicted of a crime? If yes, please explain  Yes  No  
Prior conviction may not necessarily exclude you from volunteering.

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Are you at least 16 years of age?  Yes  No

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## REFERENCES

Please provide three professional or volunteer references who are familiar with the quality of your work, have worked directly with you, and have known you at least one year. (Family members are not accepted as professional or volunteer references.)

### Employment and Volunteer History

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List current employment and any volunteer experience, beginning with most recent. You may attach resume if available.

1. Employer	Dates of Employment:(Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ( )	Duties	
Supervisor's Name	Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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2. Employer/Agency	Dates of Service: (Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ( )	Duties	
Supervisor's Name	Can we contact this employer/agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving		

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3. Employer/Agency	Dates of Service: (Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ( )	Duties	
Supervisor's Name	Can we contact this employer/agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving		

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### Special Skills and Qualifications

Computer skills: \_\_\_\_\_

CPR/FA: Yes No    CPI: Yes No    DSP Certified: Yes No

Please list any training, specific job skills or other qualifications that you feel may contribute to your ability to perform the position for which you are applying:

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## Emergency Contact Information

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I give Little Friends, Inc. and/or its designee the right to investigate all references and to secure additional information about me, to verify the accuracy of the information contained in this application, resume and/or other information submitted by me for Little Friends, Inc. consideration. I hereby release from liability Little Friends, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that any misrepresentation or omission of any fact in this application, resume or any other materials or during any interview will be sufficient cause for cancellation of the application and/or discharge from Little Friends, Inc. if I have been assigned as a volunteer. Any offer of a volunteer position I may receive from Little Friends, Inc. is contingent upon my successful completion of the company's total pre-volunteering screening process.

I understand that if "hired," I am required to abide by all rules and regulations of Little Friends, Inc. and to comply with all policies and procedures in the volunteer handbook, any policy and procedure manual or other communications to employees. I further understand that Little Friends, Inc. policies and procedures are subject to modification at any time with or without notice.

I understand that just as I am free to resign at any time, Little Friends, Inc. reserves the right to terminate my volunteer status at any time, with or without cause and without prior notice. I understand that no representative of Little Friends, Inc. other than the President/CEO has the authority to make any assurances to the contrary and then only as such commitments is a signed, written document. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Little Friends, Inc. is an equal opportunity employer. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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**For CR/HR Purposes Only**

Date Offer Accepted: \_\_\_\_\_

Date Offer Declined: \_\_\_\_\_

Volunteer ID Start: \_\_\_\_\_

ID Invalid Date: \_\_\_\_\_

**Training Dates**

	<b>Date</b>	<b>Time</b>	<b>Location</b>
Agency Orientation: I	_____	_____	_____
II	_____	_____	_____

**DSP Training**

	<b>Date</b>	<b>Location</b>
Intro to DD/ Human Rights:	_____	_____
Human Interaction, Abuse & Neglect:	_____	_____
Crisis Prevention Institute:	_____	_____
Basic Health & Safety I:	_____	_____
CPR/First Aid:	_____	_____
Preventing Disease Transmission:	_____	_____