



160 Broad Street  
Providence, RI 02903  
Careers@crossroadsri.org

## Internship/Volunteer Application

At Crossroads RI we cherish the diversity among our staff, interns and our clients. Internship positions are considered without regard to race, color, religion, gender, national origin, age, disability, marital or veteran's status, sexual orientation, or any other legally protected status.

(answer all questions – please print)

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

E-Mail Address \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you learn about us? ( ) Advertisement: \_\_\_\_\_ ( ) Friend/ Relative  
( ) College: \_\_\_\_\_ ( ) Other: \_\_\_\_\_

Have you filed an application here before? ( ) Yes ( ) No Date(s) \_\_\_\_\_

Have you volunteered/interned here before? ( ) Yes ( ) No Date (s) \_\_\_\_\_

Department(s) \_\_\_\_\_

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, please explain and give dates:

Availability: (Please mark with an X) Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Times: (Please mark with an X) Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

Total number of hours you offer weekly: \_\_\_\_\_

Locations: (Please mark with an X) Providence area \_\_\_ West Warwick \_\_\_ North Kingstown \_\_\_

Available to start: \_\_\_\_\_ Projected end date: \_\_\_\_\_

Additional scheduling information you would like to share:

### Area(s) of Interest:

Direct Client Services? \_\_\_\_\_ Yes \_\_\_ No Please explain what your interests are:

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree	Did you graduate?
High School					
Undergraduate College					
Trade/Business School					
Graduate Professional					
Other (Specify)					

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe the program, if any, which requires you to participate in an internship program.

Name of School:

Name of Advisor:

Phone:

Email:

Details of program:

Describe any specialized training, apprenticeship, or skills you have.

State any additional information you feel may be helpful to us in considering your application.

## Employment/Internship Experience

Start with your **present** or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

<b>Employer/ Organization</b>		<b>Telephone Number</b>	
<b>Street Address</b>		<b>Dates Employed</b> From:	<b>Paid or Unpaid</b>
		To:	
<b>City/State/Zip Code</b>		<b>Reason for Leaving</b>	
<b>Job Title</b>	<b>Immediate Supervisor &amp; Title</b>	<b>May we contact for reference?</b> ( ) Yes ( ) No ( ) Later	
<b>Work Performed and Job Responsibilities</b>			
<b>Employer/Organization</b>		<b>Telephone Number</b>	
<b>Street Address</b>		<b>Dates Employed</b> From:	<b>Paid or Unpaid</b>
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<b>City/State/Zip Code</b>		<b>Reason for Leaving</b>	
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		To:	
<b>City/State/Zip Code</b>		<b>Reason for Leaving</b>	
<b>Job Title</b>	<b>Immediate Supervisor &amp; Title</b>	<b>May we contact for reference?</b> ( ) Yes ( ) No ( ) Later	

<b>Work Performed and Job Responsibilities</b>

<b>Employer</b>		<b>Telephone Number</b>	
<b>Street Address</b>		<b>Dates Employed</b> From:	<b>Paid or Unpaid</b>
		To:	
<b>City/State/Zip Code</b>		<b>Reason for Leaving</b>	
<b>Job Title</b>	<b>Immediate Supervisor &amp; Title</b>	<b>May we contact for reference?</b> ( ) Yes ( ) No ( ) Later	
<b>Work Performed and Job Responsibilities</b>			

Comments (including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_

**Professional References (This may include employers, counselors or educators)**

Name	Address/Email	Phone Number

**Applicants Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I am 18 years of age or older. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision along with investigations with the Bureau of Criminal Identification (BCI) and Department of Children, Youth and Families (DCYF).

I hereby acknowledge and understand that, any volunteer/internship program experience may be ended at any time and is not considered contractual.

I understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date