



# Internship & Core Volunteer Application

**Please select:**

Application for Internship (*School Hours*)    Application for Core Volunteer (*3+ months/200 hours*)

Last Name		First Name		Date
Primary Phone #		Email Address		
Street Address		City	State	Zip Code
Are you at least 18 years old?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 21 years old?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interned, volunteered, or worked for OCCAPC or CAST before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to get a Live Scan, TB test and DMV record (\$40-75 total)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to reliable transportation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation? (Note: OCCAPC complies with the ADA and FEHA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. Hire may be subject to passing a medical examination and to passing skill and agility tests).				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please mark each opportunity you would like to be considered for:**

<b>Program Internships:</b>	<b>Development roles:</b>	<b>Administrative support roles:</b>
<input type="checkbox"/> School Readiness	<input type="checkbox"/> Marketing/Communications	<input type="checkbox"/> Accounting
<input type="checkbox"/> Outreach & Engagement	<input type="checkbox"/> Grants	<input type="checkbox"/> Human Resources
	<input type="checkbox"/> Special Events	<input type="checkbox"/> Program Admin (Basic Needs)

**Availability:**

Day of the Week	Hours Available	Additional Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Academic School or College:**

\_\_\_\_\_ City/State \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year in School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**What is the reason you are interested in becoming an intern or core volunteer?**

\_\_\_\_\_  
\_\_\_\_\_

**Previous intern/volunteer experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Skills, talents and/or interests relevant to internship or volunteer activities:**

\_\_\_\_\_  
\_\_\_\_\_

**Languages spoken:** \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Please List 3 Professional References not related to you who have recent knowledge of your skills, qualifications, and abilities).

Name	Contact Relationship	Contact Phone Number & Email Address

Valid California Driver's License number, including expiration date: \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you referred to our agency and this position by an employee of OCCAPC or CAST?  Yes  No

If so, the person that referred me was \_\_\_\_\_

_____ Please Initial	I hereby authorize OCCAPC to thoroughly investigate my references, work record, education and other matters related to my suitability for an internship/volunteer and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my school and/or work records. I release and hold harmless OCCAPC and its employees, as well as previous employers, and persons associated with them, from any and all claims relating to such investigation.
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APPLICANT STATEMENT	
_____ Initials	I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of fact may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered. I understand that I am required to abide by all rules and regulations of the employer.
_____ Initials	I hereby authorize OCCAPC to conduct any necessary investigation regarding my background as it related to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
_____ Initials	This application for intern/core volunteer/employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for an intern/core volunteer/employment beyond this time period should inquire whether applications are being accepted at that time and must submit a new application.
_____ Initials	I understand that OCCAPC may share the information contained in this application with other OCCAPC employees for employment and administrative purposes and hereby consent to such transfer.
_____ Initials	I hereby understand and acknowledge that, nothing contained in this application, or conveyed, whether written or oral, during any interview which may be granted me, or during my internship/core volunteer/employment if hired, is intended to create an employment contract between me and OCCAPC. I further understand that if I am selected as an intern/volunteer/employed, my internship/volunteering/employment with OCCAPC can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of OCCAPC. I understand that only the Executive Director of OCCAPC, and no manager, supervisor, or representative of OCCAPC, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship described herein, and with respect to the Executive Director, any such agreement must be in writing.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between OCCAPC and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between OCCAPC and me on such issues.

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Signature Date

***Orange County Child Abuse Prevention Center (“OCCAPC”) is an equal employment opportunity employer, and does not discriminate against applicants or employees based on race, color, religion, religious creed (including religious dress and grooming practices), sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin (including language use restrictions), ancestry, mental and physical disability (including HIV and AIDS), medical condition (including cancer, genetic characteristics, and genetic information), age (40 and over), pregnancy (including childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth, or breastfeeding), military and veteran status, or any other characteristic protected by federal, state, or local laws. OCCAPC also prohibits harassment of applicants or employees based on any of these protected categories.***