



Center for Safe Schools and Communities Internship Application

Name: _____ Date: _____

Age: _____ Date of Birth: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

Are you currently in school? _____ Name of Undergrad School: _____

Major: _____ Minor: _____

Name of Grad School, if applicable: _____

Program of Graduate Studies: _____

Do you have any experience working with youth? _____

If yes, please explain: _____

Do you have any experience working in a non-profit office setting? _____

If yes, please explain: _____

Would you prefer working in the center itself, or working with kids and families? _____

Once an intern, I am willing to complete a background check through the Center: _____

Please state why you believe you are a good fit for the Center for Safe Schools and Communities:

References: Please list three references, not related to you, who can attest to your professionalism, work ethic, communication and organizational skills and your ability to work with youth.

- 1) Name: _____ Phone: _____
Relationship: _____ Length of time known: _____
E-mail address: _____
- 2) Name: _____ Phone: _____
Relationship: _____ Length of time known: _____
E-mail address: _____
- 3) Name: _____ Phone: _____
Relationship: _____ Length of time known: _____
E-mail address: _____

Please indicate the days and times in which you are available: _____

Please return completed applications by e-mail, mail or fax to:

Center for Safe Schools and Communities

c/o Sara Salmon

3663 Vestal Loop

Broomfield, C) 80023

(P) 202.828.9733

(F) 303.828.4589

Email: centerforsafeschools@comcast.net

Also, please send your resume along with your application.

Thank you for your application!

You will be contacted within two business weeks regarding your application or a possible interview.

