



Equal access to programs, services and volunteer services is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Volunteer Services Department.

Date of Application _____ **E-mail Address** _____

Last Name _____ **First Name** _____ **Middle Name** _____

Street Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

1st Contact Phone Number _____ **2nd Contact Phone Number** _____

Criminal History

In the past ten (10) years have you been convicted of a misdemeanor? Yes No If yes, please describe

In the past ten (10) years have you been convicted of a felony? Yes No If yes, please describe

ANSWERING "YES" TO ANY OF THE QUESTIONS ABOVE DOES NOT CONSTITUTE AN AUTOMATIC BAR TO INTERN PLACEMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

FAILURE TO DISCLOSE ALL MISDEMEANORS AND/OR FELONIES WILL RESULT IN 'DENIAL OF APPLICATION'.

References – Please provide COMPLETE information (no relatives) - Letters of recommendation may be substituted as references.

Name	Relationship	Telephone Number	E-mail Address	Number of years known
		(____) ____ - ____ Ext. ____		
		(____) ____ - ____ Ext. ____		
		(____) ____ - ____ Ext. ____		

Education Background

Major, Degree Level – BA or MA: _____ **Year of Graduation:** _____

Name of College/University: _____

Staff Advisor - name & phone number or e-mail info: _____

Date Internship Starts: _____ **Ending Date:** _____

Total Hours needed to complete internship:

LCPC or LCSW Track:

Availability Mon Tues Wed Thurs Fri Sat Sun and Days Eves

Other Availability:

Please list your 3-4 choices for internship placements:

How far are you willing to travel & what is your geographic preference?

Please list any out of state address(es) you had over the past ten (10) years. If you resided in a location outside of Maine, you will be provided an Edge Information Release form to complete.

PREVIOUS OUT OF STATE ADDRESS(ES)

Street	City	State	Zip

Intern Statement

I understand that willfully making false statements on this application will be sufficient cause for non-placement as an intern and/or grounds for immediate dismissal.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. This may include the Office of Inspector General, Maine Exclusion and System Award Management websites, State and Federal Bureaus of Identification criminal background checks, Child Protective Search through the State of Maine Department of Human Services, driving record check through the Division of Motor Vehicles from any state and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the intern placement process, and all other persons, corporations or organizations for furnishing such information about me.

Information Release Consent

Pursuant to 22 MRSA, Subtitle 6 (Facilities for Children and Adults), I hereby give my informed consent for the State and Federal Bureaus of Identification to provide Sweetser with a copy of my criminal history record information. I authorize Sweetser to perform a Child Protective Search through the State of Maine Department of Human Services. I authorize Sweetser to conduct a check of my driving record through the Maine State Division of Motor Vehicles or any other State's Division of Motor Vehicles. I authorize Sweetser on my behalf to conduct a search on the following databases; Office of Inspector General, Maine Exclusion and System for Award Management websites.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE INTERN STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Intern Statement and Information Release Consent.

Intern Signature (my typed name shall have the same force and effect as my written signature)

Date

Please return to: Sweetser
Volunteer Services
shawthorne@sweetser.org
Phone: (207) 373-3006
Fax: (207) 373-3109