



**Council for
Children's
Rights**

INTERNSHIP APPLICATION

Upon Completion either scan and return to info@cfrights.org or fax to 704.943.9792.

PERSONAL INFORMATION

First and Last Name _____ Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

If you are interested in an ongoing opportunity, please circle the position in which you are interested:

CAP Attorney Custody Advocate Special Education
Student Defense Abuse/Neglect Administrative Support

OTHER AREAS OF INTEREST: _____

Why are you interested in an internship with the Council for Children's Rights?

AVAILABILITY

Please indicate when you would like to start, either date or general time frame. _____

On average, how many hours a week would you be willing to contribute? _____

Indicate what times you would be available during the week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION & SKILLS

High School _____ Graduated? Yes ___ No ___

Voc-Tech/College/University _____ Graduated? Yes ___ No ___

Major/Minor _____ Degree _____

Grad/Professional School _____ Graduated? Yes ___ No ___

Program of Study _____ Degree _____

Certifications, licenses, workshops, professional memberships, or other special training: _____

Languages spoken: _____ Circle one: Basic / Intermediate / Fluent

_____ Circle one: Basic / Intermediate / Fluent

Other skills: _____

Personal strengths: _____

Personal weaknesses: _____

PROFESSIONAL EXPERIENCE

Current or most recent employer _____

City _____ State _____ Zip _____

Phone _____ Dates Worked ____/____/____ to ____/____/____

Title _____

Duties: _____

May we contact your employer listed above? Yes ___ No ___

Do you have any experience in law and government, education, children, or administrative

duties? Explain. _____

SECURITY

Have any disciplinary actions been taken against you by your employers or other volunteer program supervisor?

Yes ____ No ____ If yes, please explain _____

Have you ever been charged or convicted of a criminal offense other than minor traffic violations?

Yes ____ No ____ If yes, please explain _____

Do you agree to submit to a background check? Yes ____ No ____

CERITIFICATION

I hereby certify that all statements on this form and any attachments are true, complete, and correct to the best of my knowledge. I understand that intentionally misstating, misrepresenting, or omitting information will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date

Please keep a photocopy of the completed materials for your files. Mail or fax the internship application, resume, and 3 recommendation forms to:

Council for Children’s Rights
Attn: Managing Attorney/Dir of Programs
601 East Fifth Street, Suite 510
Charlotte, NC 28202
704-372-7961
(fax) 704-372-5941