



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WINONA FAMILY YMCA

INTERNSHIP APPLICATION

Today's Date _____		
Center/Location _____		
Full Name _____	Sex: Male _____	Female _____
Address _____		
City _____	Zip _____	
Phone _____	E-mail Address _____	
Name of University/School _____		
Internship Program Coordinator _____		
Phone _____	E-mail Address _____	
Major Field of Study _____	Year in School _____	
G.P.A. _____		
Availability		
Dates Available for Internship (e.g., semester, summer) _____		
Days & Times Available for Internship _____		
I have a strong interest in the following area(s):		
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Sports Management
<input type="checkbox"/> Child Care	<input type="checkbox"/> Adaptive Programming	<input type="checkbox"/> Staff Development
<input type="checkbox"/> Marketing	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Health & Well-being	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Fund Development
<input type="checkbox"/> Member Services	<input type="checkbox"/> Other: please list here _____	
My goals for this internship are the following: _____ _____		

Have you EVER been convicted of a criminal offense? YES _____ NO _____
If yes, please explain: _____
Have you EVER been convicted of a traffic violation? YES _____ NO _____
If yes, please explain: _____
Have you EVER been the subject of a report or been accused of child abuse or neglect?



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YES _____ NO _____

If yes, please explain: _____

References (Professional or Academic)

1) _____ Name _____ Phone _____

Company _____ Relationship _____

2) _____ Name _____ Phone _____

Company _____ Relationship _____

3) _____ Name _____ Phone _____

Company _____ Relationship _____

emergency Contact:

Name _____ Phone _____

Company _____ Relationship _____

By signing below you agree to the following:

You have my permission to contact my employer and/or my references.

I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or for dismissal from my internship role.

I understand that all information, including conviction records, will be verified and hereby consent to such verification. I also understand that my application may be declined or dismissal from my internship role may result based on the results of the pertinent verification.

I also understand that the YMCA of Greater Kansas City has zero tolerance for abuse and that I will report inappropriate actions observed or alleged to staff immediately. Failure to follow reporting procedures may result in dismissal from my internship role.

Signature

Date

This internship application becomes void after 60 days unless renewed.