

## **INTERNSHIP APPLICATION**

STEVENS POINT AREA YMCA

1000 Division Street Stevens Point, WI 54481 715 342 2980 www.spymca.org

GENERAL INFORMATION	
Name:	Date://
Address:	
Please contact me via:	
University/College Intern Supervisor:	<del></del>
Telephone: E-Mail:	_
INTERNSHIP DESCRIPTION	
Requested Department(s):	
Description of Internship goals, requirements, and responsibilities desired or required:	_
SCHEDULE	
SCHEDOLE	
Requested start date: Estimated end date: Hours per v	week: Total number of hours:
Availability (specify days, times, hours per day; specific schedule will be determined at interview):	
BACKGROUND INFORMATION	
Have you been an employee or a volunteer here? ☐ Yes ☐ No	
If yes, in what capacity: When:	
Have you ever been convicted of a crime (felony or misdeanor)?	
If yes, explain 1) the nature of the crime, 2) the date of conviction and 3) the state in which convicte	d.
<b>PLEASE NOTE:</b> Convictions are not an automatic bar to internship. However, failure to provide complete and a convictions is cause for immediate termination of internship. Internship is contingent upon the results of a crim I authorize criminal background check to becompleted. I will provide the necessary additional information to con	inal record check. By my signature below,
1)	
2)/	
By my signature, I confirm that I have no expectation of compensation for the Internship period.	
Signed:	
gca	

Submit completed application to Stevens Point Area YMCA Human Resources Department.

You will be contacted by the supervisor of the requested Internship department.