**Inclusion Coordinator Intern Application Form**

**Today’s Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** | | | | | | | **Best Phone Number:** | | | | | | |
| **E-mail:** | | | | | | | **Alternate Phone Numbers:** | | | | | | |
| **Address:** | | | | | | | | | | | | | |
| **Education including current major or degrees held:** | | | | | | | | | | | | | |
| **Volunteer and Employment History** | | | | | | | | | | | | | |
| **Company/Agency** | | | | **Role** | | | **Dates of Position** | | |
|  | | | |  | | |  | | | | | | |
| **Duties** | | | | | | | | | | | | | |
| **Company/Agency** | | | | **Role** | | | **Dates of Position** | | | | **Company/Agency** | | |
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| **Duties** | | | | | | | | | | | | | |
| **Company/Agency** | | | | **Role** | | | **Dates of Position** | | | | **Company/Agency** | | |
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| **Duties** | | | | | | | | | | | | | |
| **Please describe any training and/or experiences you have had related to children with special needs and or English Language Learners not described above. (Attach additional paper if needed)** | | | | | | | | | | | | | |
| **Check any specific special needs you are experienced with** | | | | | | | | | | | | | |
|  | ADHD |  | Aspergers Syndrome | |  | Other Autism Spectrum Disorder | |  | Cerebral Palsy | | |  | Cystic Fibrosis |
|  | Diabetes |  | Deaf and Hard of Hearing | |  | Heart Conditions | |  | Hemophilia | | |  | Intellectual Development Disability (MR) |
|  | Mood Disorders |  | Orthopedic Impairments | |  | Seizure Disorders | |  | Visual Impairments | | |  | Other (explain) |
| Continued on reverse. | | | | | | | | | | | | | |
| What do you hope to gain from this internship?  Please tell us about your special interests and activities.  Please list days and hours you are available. | | | | | | | | | | | | | |
| **Please list least two people who can attest to your ability to work with special needs children in inclusive enrichment programs.** | | | | | | | | | | | | | |
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| **Have you ever been convicted for any violation(s) of law ?** | | | | | | | | | | | | | |
| If YES, please provide the following:  Description of offense: | | | | | | | | | | | | | |
| Statute or ordinance (if known): | | | | | | | | | | | | | |
| Date of Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| County, City and State of Conviction: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**CERTIFICATION—**Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Enrichment Alliance of Virginia to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

I do \_\_\_\_\_ I do not \_\_\_\_\_ consent to the use of my photograph for promotional and/or training purposes.

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return to:

The Enrichment Alliance of Virginia staff@enrichmentalliance.org

PO Box 1423

Charlottesville, Va. 22902



[www.enrichmentalliance.org](http://www.enrichmentalliance.org)