



YMCA of Cass and Clay Counties
Application for Internship
400 1st Avenue South
Fargo, ND 58103

Mission:

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Information on Applying: To apply for an internship with the YMCA of Cass and Clay Counties, you must complete this application. Please attach a resume and references as well.

Date: _____

Type of Internship applying for: _____

Name: _____
Last First Middle

Present Address: _____

City State Zip Code

Telephone Number: () E-Mail Address: _____

Have you ever been previously employed by the YMCA of Cass and Clay Counties? ____ Yes ____ No
(If yes, give dates and if different – name at the time) _____

Have you ever been employed or attended school under another name? ____ Yes ____ No
(If yes, list previous name/s) _____

Have you ever been discharged or forced to resign from any position? ____ Yes ____ No
(If yes, give name of organization and reason) _____

Have you ever been convicted of a crime – including Misdemeanors and Traffic Violations ? ____ Yes ____ No
(If yes, please provide date and conviction information. Disclosure will not necessarily disqualify you from employment)_____

Education:

University, College or Technical College: _____

Major: _____ Minor: _____

Year in School: _____ GPA: _____ Expected Date of Graduation: _____

Instructor sponsoring/assisting with your Internship: _____ Ph#: _____

Are you receiving Academic Credit for this Internship? _____

Present & Past Work Experience:

Please attach a resume indicating your Present & Past Work Experience as well as references that we may contact.

Availability:

Date available to start internship: _____ Date internship must be completed: _____

Approximate hours per week available for the internship: _____

Please list the times in each day of the week that you **are** available to work your internship (ex: 8am – 5pm etc.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Internship Information:

In what area/s would you like to have your internship focus on? _____

What are your objectives for participating in an internship program? _____

What kinds of work would you like to do during your internship? _____

APPLICANT STATEMENT

I CERTIFY THAT:

- All statements that I have made on this application and any accompanying resume or documentation, as well as during the selection process are true and complete.
- I have withheld nothing that would, if disclosed, affect this application unfavorably.

I UNDERSTAND THAT:

- Any misleading information, omission, or misrepresentation may result in refusal of an internship.
- All offers of internships are conditional upon a negative pre-employment drug test and the results of a criminal background check and if applicable, a credit history check.

I AUTHORIZE:

- The Company to investigate the information contained in this application or otherwise provided by me and I release the Company (and its employees and agents) from any and all liability for seeking information and opinions on me.
- All employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and I hereby release them (and their employees and agents) from all liability for providing such information.

I HEREBY ACKNOWLEDGE THAT:

I have read and understand the above statements and I voluntarily agree to them.

SIGNATURE OF APPLICANT

DATE