



Catholic Charities
STRAIGHT & NARROW, INC.
INTERN/VOLUNTEER APPLICATION

Today's Date	Interest: Internship <input type="checkbox"/> Volunteer <input type="checkbox"/>	CHECK ALL THAT APPLY		
E-Mail Address: _____		<input type="checkbox"/> Seasonal	<input type="checkbox"/> As Needed	<input type="checkbox"/> Presenter
Primary Phone Number: (_____) _____		<input type="checkbox"/> Semester	<input type="checkbox"/> Adults	<input type="checkbox"/> Children/Adolescents
NAME -Last		First	Middle	
Address:	Street	City	State	Zip Code
Have you interned/volunteered at this agency or the Diocese of Paterson before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: When? _____ Where? _____		Were you ever employed by Straight and Narrow or any agency in the Diocese of Paterson? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: When? _____ Where? _____		
Is any additional information relative to change of name or nickname necessary to enable a check of your record? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes please provide name we can use to check your record _____				
Professional Certifications, Licenses, Registrations None No. State and Date of Issue		<input type="checkbox"/>	Affiliate School and Anticipated Graduation Date	
_____			Affiliate Organization and Position	
_____			_____	
Special Skills or Training:		How did you find out about this opportunity? School <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other <input type="checkbox"/> Please explain		
Are you eligible to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No		REFERRED BY:		
Additional Languages Spoken and/or Read				
UPON OFFER OF INTERNSHIP/VOLUNTEER OPPORTUNITY, WE REQUIRE VERIFICATION OF ACADEMIC CREDENTIALS				
EDUCATION	Name and Address of School Attended	Highest Grade/ Degree Completed	Major Course Of Study	
High School				
College				
Other				
Professional School				

FIRST NAME

LAST NAME

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE?

YES

NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR A REFERENCE?

YES

NO

VOLUNTEER & WORK HISTORY CURRENT FIRST

COMPANY NAME AND ADDRESS	VOLUNTEER Dates (From/To) (Month & Year)	EMPLOYMENT Dates (From/To) (Month & Year)	POSITION/ TITLE	REASON FOR LEAVING

List at least three PROFESSIONAL references. (NO RELATIVES)

<u>NAME</u>	<u>E-MAIL ADDRESS</u>	<u>AREA CODE/PHONE NUMBER</u>
1)		
2)		
3)		

1)

2)

3)

PLEASE READ THE FOLLOWING CAREFULLY, RESPOND TO QUESTIONS ASKED AND SIGN WHERE REQUESTED

- A. I UNDERSTAND THAT THIS APPLICATION IS FOR AN UNPAID INTERNSHIP OR VOLUNTEER OPPORTUNITY.
- B. I UNDERSTAND THAT I AM NOT ENTITLED TO EMPLOYMENT AS A RESULT OF MY PARTICIPATION IN THIS UNPAID OPPORTUNITY.
- C. I UNDERSTAND THAT THIS OPPORTUNITY REQUIRES THAT A BACKGROUND CHECK WILL BE COMPLETED AND MAY INCLUDE VERIFICATION OF CURRENT AND PREVIOUS EMPLOYMENT, VOLUNTEER ACTIVITIES, DRIVING RECORD, MEDICAL HISTORY, SEX OFFENDER HISTORY, AND CRIMINAL HISTORY.
- D. I UNDERSTAND THAT IF I AM OFFERED AN INTERNSHIP OR A VOLUNTEER POSITION AND ANY STATEMENT HEREIN IS NOT TRUE OR THERE IS A MISREPRESENTATION OR OMISSION OF FACTS, OR MY REFERENCES ARE NOT ENTIRELY SATISFACTORY, I MAY BE RELEASED IMMEDIATELY. FURTHER I UNDERSTAND THAT STRAIGHT AND NARROW INC. IS NOT BOUND BY ANY ORAL PROMISES ABOUT DURATION OF INTERNSHIP OR VOLUNTEER OPPORTUNITY OR TERMINATION STANDARDS.

I HAVE READ ALL OF THE ABOVE AND UNDERSTAND AND AGREE TO ALL THE REQUIREMENTS THEREIN STATED.

Signature of Applicant

Date



Catholic Charities
STRAIGHT & NARROW, INC.
EEO STATUS DECLARATION

Federal and State law prohibits employment discrimination. It is the policy of Straight and Narrow Inc. (S&N) to comply with those laws that prohibit discrimination as to race, color, religious creed, age, national origin, ancestry, sex, mental or physical disability, or genetic predisposition. To adhere to reporting requirements established by the Equal Employment Opportunity Commission (EEOC), S&N requests that you fill out this form completely and accurately; though the completion of this form is voluntary, it helps ensure full compliance with our policy of nondiscrimination.

Please be advised that:

- a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose;
- b) responses will remain confidential within the Human Resources Department; and
- c) responses will be used only for the necessary information to include in our EEO reporting. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
Position applied for	

Section 2: Please check all that apply

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> I do not wish to Self-Identify	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to Self-Identify	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veterans <input type="checkbox"/> I do not wish to Self-Identify
		**Other
		<input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> I do not wish to Self-Identify

I do not wish to Self-Identify
Signature:

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