



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: ☐ Letter ☐ Telephone: _____ ☐ E-Mail: _____

University/College Intern Supervisor: _____

Telephone: _____ E-Mail: _____

INTERNSHIP DESCRIPTION

Requested Department(s): _____

Description of Internship goals, requirements, and responsibilities desired or required:

SCHEDULE

Requested start date: _____ Estimated end date: _____ Hours per 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 misdemeanor)? ☐ Yes ☐ No

If yes, explain 1) the nature of the crime, 2) the date of conviction and 3) the state in which convicted.

PLEASE NOTE: Convictions are not an automatic bar to internship. However, failure to provide complete and accurate information relating to criminal convictions is cause for immediate termination of internship. Internship is contingent upon the results of a criminal record check. By my signature below, I authorize criminal background check to be completed. I will provide the necessary additional information to complete such background check.

1) _____

2) ____/____/____ 3) _____

By my signature, I confirm that I have no expectation of compensation for the Internship period.

Signed: _____

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

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