



Kidz Helping Kidz, LLC

Internship Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Do you have a Driver's License? YES NO Driver's License #: _____ Expiration Date: _____
☐ ☐

Make/Model of Vehicle: _____

If no, please explain: _____

Identity may be confirmed with a state driver's license or other photo ID

Emergency Contact

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Other: _____

Application Information

What semester are you applying for? ☐ Fall ☐ Spring ☐ Summer Dates: _____

What school do you attend? _____

What is your major? _____ Expected Graduation Date: _____

Supervisor Name: _____ Supervisor Email: _____

Why do you want an internship at **Kidz Helping Kidz**?

Availability

Please indicate the hours you are available to work:

☐ Wednesdays 5:30pm-9:30pm

☐ Fridays 6:30pm-9:30pm

Indicate any additional hours you are available to work:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Personal References

Please list three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

*I authorize the listed references to provide any information they have regarding my character and fitness for this position.
I waive any right I may have to inspect any information about me identified in this application.*

Personal History

Have you ever been convicted of, pled guilty to, or pled no contest
to a charge of child abuse or child neglect?

YES NO

☐ ☐

If yes, please explain: _____

Have you ever been disciplined, suspended, or terminated from employment,
volunteer, or an internship because of allegations of child abuse or neglect?

YES NO

☐ ☐

If yes, please explain: _____

CPR Certified?

YES NO

☐ ☐

Our Policy

We provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my immediate termination.

Signature: _____ Date: _____

Thank you for your interest in Kidz Helping Kidz, LLC