



Intern/ Volunteer Application

Contact Information

Last Name

First Name

Middle Name

Address Street Name and
Number

City

State

Zip
Code

Primary Phone Number

Alt. Phone Number

E-mail

Which opportunity are you applying for?

Date of Application

Details

Have you ever filed an application with us before?

Yes No

If yes, provide date:

Have you ever been employed with us before?

Yes No

If yes, provide date:

Do any of your friends or relatives work here?

Yes No

Date available:

Hours Needed

What days/ hours are you available?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please list three Professional/ Educational References:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Can you perform the requirements of the internship/ volunteer position for which you are applying, either with or without a reasonable accommodation? Yes No

School Contact for Internship

Name

Title

Phone Number

Education

Graduate/ Professional - Name of School

Years
Completed?

Course of Study?

Diploma/ Degree

Address Street Name and
Number City State Zip
Code

Undergraduate College - Name of School Years
Completed?

Course of Study? Diploma/ Degree

Address Street Name and
Number City State Zip
Code

High School - Name of School Years
Completed?

Course of Study? Diploma/ Degree

Address Street Name and
Number City State Zip
Code

Other - Name of School Years
Completed?

Course of Study? Diploma/ Degree

Address Street Name and
Number City State Zip
Code

Summarize Special Job-related Skills, Training, Experience, and Qualifications Applicable to the Internship/ Volunteer Position

Specialized Skills/ Experience

PC/ Mac

Microsoft Office

Email

List Professional, Trade, Business, or Civic Activities or Offices Held

State Any Additional Information You Feel May Be Helpful to Us in Considering Your Application

Applicant's Statement

I certify that answers provided herein are accurate and complete.

Yes

No

If selected for an interview, I acknowledge that I will provide a completed and hand signed copy of the "Disclosure and Authorization for the Release of Information" and the "References" forms, both of which can be downloaded from the agency's website.

Yes

No

I understand that my typewritten name below, with no signature on the line itself, is considered a signature.

Yes

No

Signature (Typed)

Date

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability sexual identity, citizenship status, genetic information or any other legally protected status.

For HR Department Use Only

Arrange Interview

Yes

No

Remarks

Interviewer

Date

Accepted

Start Date

Program

Yes

No

Reason (If Not Accepted)

Name and Title

Date



Central Naugatuck Valley Help, Inc.
Application Addendum for
PREA (Prison Rape Elimination Act)
 This form must be completed by all prospective
 Employees, interns, and volunteers.

In order to comply with Federal law, specifically the Prison Rape Elimination Act (PREA) of 2003, in regards to incarcerated persons, including those clients residing in community justice settings, it is required that the following questions be asked by CNV Help, Inc. and answered annually by each staff member employed in a residential community corrections program.

As an employee in a program working with residential community justice clients, your answers to the following questions must be documented annually:

NAME (LAST, FIRST, MIDDLE)

Have you engaged in sexual abuse in a prison, jail, lockup, community justice facility, juvenile facility, or other institution? (as defined by 42 U.S.C § 1997)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of engaging or attempting to engage in Sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been civilly or administratively adjudicated to have Engaged in the activity described above in question number two?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, Restitution center, juvenile facility or other correctional facility (public or private)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue below. If no, proceed to Consent and Signature on page 2

Facility #1	
Facility Name	Address
Contact Person	Phone Number
Employment/Volunteer Dates	Position Held
Facility #2	
Facility Name	Address
Contact Person	Phone Number
Employment/Volunteer Dates	Position Held

YOU MUST REQUEST ADDITIONAL PAGES IF YOU HAVE WORKED IN MORE THAN TWO FACILITIES



Page 2
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Consent and Signature
READ CAREFULLY BEFORE SIGNING

I certify that my answers above are true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for disciplinary action up to and including termination.

I release CNV Help, Inc. from any legal liability that may result from these disclosures.

Printed Name

Employee Signature

Date

Job Title