



LiveSafe Resources
48 Henderson Street, SW
Marietta GA 30064
Main: 770-427-2902
Fax: 678-303-4717
www.livesaferesources.org

Internship Application

Please complete this form and submit it to the Volunteer/Intern Coordinator

Please Write Legibly

Name: _____ Today's Date: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Preferred Pronouns: _____ Ethnicity: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____ (Home): _____ Other: _____

Email address: _____

Are you employed? _____ Where (Optional)? _____

Are you bilingual? _____ If so, please list language(s): _____

School: _____ Major/Program: _____

Level: Undergrad Graduate Year: _____ Anticipated Graduation Date: _____

***Internship start date:** _____ ***Internship end date:** _____

Why you would like to intern with LiveSafe Resources?

(Attach Additional Pages and/or Cover Letter to Application)

How did you learn about us? _____

What personal or career skills do you bring to this internship

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Have you been a client of LiveSafe Resources (formerly the YWCA) in the last 2 years? YES NO

Are you currently in crisis or in need of services? YES NO

Do you have any outstanding TPO's or warrants? YES NO

A criminal background check is required for ALL Interns.

Will you allow LiveSafe Resources to conduct a criminal background check on you? YES NO

Please Note:

We reserve the right to obtain background information, TPO or warrant information due to the nature of our business, population and the safety of those we serve

Scheduling:

Please list your availability:

Monday ____ AM - ____ PM
Tuesday ____ AM - ____ PM
Wednesday ____ AM - ____ PM
Thursday ____ AM - ____ PM
Friday ____ AM - ____ PM
Weekends ____ AM - ____ PM

Total hours per week: _____

Please select your area(s) of interest:

- ____ Development & Non-Profit Management
- ____ Legal Advocacy (TPO)
- ____ Outreach Program (English & Spanish)
- ____ Abuse in Later Life Program
- ____ Sexual Assault Program
- ____ Transitional Housing Program
- ____ Domestic Violence Shelter
- ____ Children's Program
- ____ Counseling

**Note: If choosing multiple departments, please indicate preference, i.e. first choice, second and so on.*



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Education Information:

During which semester(s) are you looking to intern? **Spring:** **Summer:** **Fall:**

Will this internship count towards academic credit for your university? **YES:** **NO:**

If yes, how many hours are you required to complete for your internship? _____

Contact information for university internship supervisor:

Name: _____ Title: _____

Email: _____ Phone: _____

Does your program have specific requirements detailing who is eligible to supervise your internship? If yes, please detail:

Any other information to note:

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am offered an internship, any false statements, omissions, or other misrepresentations made by me on this application may result in termination of my internship.

Name (Printed): _____

Signature: _____

