

**First Choice Counseling Center**  
**Internship/Volunteer Application**

<b>Applicant Information</b>		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about our internship program?		

<b>Availability</b>							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
<b>Experience/Education and Skills</b>							
Current employment status:							
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed							
Current or most recent paid position held:							
Are you currently a full-time student?				If yes, please indicate school and concentration:			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Level				Areas of study:			

<input type="checkbox"/> Freshmen	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	
<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate student		
Do you speak any other languages?		If yes, please list language	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fluent	<input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:			

<b>Personal Information</b>
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

<b>Professional References</b>	
Name	Relationship and contact info (e-mail and/or phone number)

<b>Disclaimer and Signature</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

# First Choice Counseling Center

## Criminal Self- Disclosure/ Annual Affirmative Statement

Name:	Date:
SSN	D.O.B

**Applicant: It is required as a prerequisite of employment that applicants and volunteers must provide FCCC with a sworn disclosure statement or affirmation disclosing the existence of a criminal conviction, probation before judgment disposition, not criminally responsible disposition, or pending charges without a final disposition. Applicants must complete the following Criminal History Disclosure Statement. This form must be completed annually and if there are any changes during time of employment and until the time you are no longer employed at FCCC.**

### PLEASE DO NOT REPORT MINOR TRAFFIC VIOLATIONS OR ARRESTS THAT DID NOT RESULT IN A CONVICTION

1. Are you the subject of any pending criminal charges? \_\_\_\_ yes \_\_\_\_ no. If yes, please explain in box below

2. Have you had any criminal convictions, probation before judgement, disposition \_\_\_\_yes \_\_\_\_no. If yes please explain in box below

Date of Arrest	Type-	Specific Charges	Court Date
Details of Incident:			

Date of Arrest	Type-	Specific Charges	Court Date
Details of Incident:			

I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

First Choice Counseling Center  
Demographics Questionnaire

**Information will be kept confidential. It will not be used to discriminate rather it is used to ensure you receive the highest quality care and services.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>What is your age?</b> <input type="checkbox"/> 0–18 years <input type="checkbox"/> 19–24 years <input type="checkbox"/> 25–34 years <input type="checkbox"/> 35–44 years <input type="checkbox"/> 45–54 years <input type="checkbox"/> 55–64 years <input type="checkbox"/> 65+ years <input type="checkbox"/> Prefer not to say	<b>Highest Level of Education:</b> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> I prefer not to answer	<b>Occupation</b> Student	<b>Citizenship</b> <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Not a Citizen <input type="checkbox"/> Prefer not to answer	<b>Religion</b> <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other religion, write
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<b>What is your ethnicity?</b> <b>Choose one section from A to G, then tick the appropriate box to indicate your ethnic group.</b>					
<b>A: White</b> <input type="checkbox"/> British, English, <input type="checkbox"/> Northern Irish, <input type="checkbox"/> Scottish or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish <input type="checkbox"/> Any other white background, please specify	<b>B: Mixed or multiple ethnic groups</b> <input type="checkbox"/> White and Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed or multiple ethnic background, please specify	<b>C: Asian or Asian</b> <input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please specify	<b>D, African, Caribbean or black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black British, African or Caribbean background, please specify	<b>E Hispanic Origin</b> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican Other <b>Prefer not to answer</b>	<b>G: Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please
<b>Disability Status</b>					
<b>Do you have a disability, long-term illness or health condition?</b>			<b>Please place an X in the relevant box or boxes if any of the below apply to you.</b>		

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Blind or sight loss Deaf or hearing loss <input type="checkbox"/> Mobility – eg difficulty walking short distances or climbing stairs <input type="checkbox"/> Learning disability, where a person learns in a different way – eg dyslexia <input type="checkbox"/> Mental illness – eg schizophrenia, depression <input type="checkbox"/> Speech impairment <input type="checkbox"/> Cognitive disability – eg brain injury, autism, attention deficit hyperactivity disorder or Asperger’s syndrome <input type="checkbox"/> Other impairment – eg epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive condition such as motor neurone disease <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify)	
<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Yoruba <input type="checkbox"/> Other: _____ <input type="checkbox"/> I prefer not to answer	<b>Please identify languages spoken:</b>  <b>Please identify your preferred language:</b>	
<b>Sexual orientation</b> <input type="checkbox"/> Straight <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer to self-describe _____ <input type="checkbox"/> Prefer not to say	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> third gender <input type="checkbox"/> Prefer to self-describe _____ <input type="checkbox"/> Prefer not to say	
<b>Income</b>	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000–\$14,999 <input type="checkbox"/> \$15,000–\$24,999 <input type="checkbox"/> \$25,000–\$34,999 <input type="checkbox"/> \$35,000–\$49,999 <input type="checkbox"/> \$50,000–\$74,999 <input type="checkbox"/> \$75,000–\$99,999 <input type="checkbox"/> \$100,000–\$149,999 <input type="checkbox"/> \$150,000–\$199,999	

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name and Signature