

Internship Application

MACHIAH'S HOUSE

Machiah's House
PO Box 42624
Charlotte, NC 28215
machiahshouse@gmail.com

Contact Information

Name	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone/Cell Phone	
E-Mail Address	
Date of Birth	
Other Names Used	

Availability

During which hours are you available for internship assignments?

Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings

Personal

Are you a Christian? Yes No

Home Church/Regularly Attend: _____

Pastor's Name: _____

Have you ever participated in or been accused, charged, or convicted of child abuse or child molestation? Yes No

If yes, please explain:

Please explain why you want to intern with Machiah's House?	
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Interests

Tell us in which areas you are interested in completing your internship

Marketing	Graphic Design
Social Media/Website	<input type="checkbox"/> Fundraising
Finance	Nonprofit Management
Human Services/Social Work	Volunteer Management
Community Outreach	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Other

References

Name	
Relationship to You	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Name	
Relationship to You	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that a criminal background check will be conducted on me in order to be an intern with Machiah's House.

Name (printed)	
Signature	
Date	