



Intern Information Sheet

**If 18 years of age or older, intern must submit to a CORI screen.*

Name:	Today's Date:
Address:	
Date of Birth: / /	
Phone (home):	Phone (Cell):
E-mail Address:	
Emergency Contact Name:	
Emergency Contact Phone:	
Please list any relevant medical or health conditions as well as procedures that should be taken in case of emergency:	
Name of Employer/School:	
Occupation/Field of Study:	
How did you hear about The Community House?:	
Reason for wanting to intern at The Community House:	
Please list availability here: (days of the week, hours)	
Please list any interests or special skills that might apply to your internship duties:	

Please carefully read the following internship responsibilities and information:

- Uphold the mission statement of The Community House: The Community House is dedicated to enrichment through arts and events that promote togetherness and strengthen the community.
- Uphold the vision statement of The Community House: The Community House enhances the quality of life of everyone who lives, works and plays on the North Shore.
- Be vigilant at all times and notify a supervisor about social, safety, fire, and health concerns at any Community House or Stage 284 event.
- Establish and maintain effective working relationships with others.
- Arrive on time to all internship shifts.
- Wear attire that is both professional and appropriate to your internship duties.
- Follow and enforce all rules and regulations at any Community House or Stage 284 event.
- Follow instructions carefully and to the best of your ability.

CERTIFICATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application shall be grounds for disqualification. I authorize The Community House, Inc. to investigate all statements contained on this application.

RELEASE FROM LIABILITY: I accept any and all responsibility for and assume the risk of any and all injury or damage which might arise either directly or indirectly as a result of interning at The Community House. I hereby release, discharge, and hold harmless from any liability whatsoever, The Community House, Inc., Board of Directors, staff or volunteers, in their private and individual capacities as well as their capacities as representatives of The Community House, whether salaried or voluntary. I certify that I am familiar with the contents of this release and that I have read and understand the same and that it is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, administrators, executors, successors, and assigns.

By signing below, I acknowledge that I have read, understand, and agree to abide by the above responsibilities, regulations, and policies.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian _____ Date: _____
(if applicant under the age of 18)