



**INTERNSHIP APPLICATION**  
**(Please Print)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Female  Male

License / State ID No. \_\_\_\_\_ Issuing State \_\_\_\_\_

Currently enrolled in \_\_\_\_\_ College / University

Major Field of Study \_\_\_\_\_

Anticipated Internship Start Date \_\_\_\_\_ End Date \_\_\_\_\_

What experience do you wish to gain during your internship at LAUP?

\_\_\_\_\_  
\_\_\_\_\_

Special Skills or Foreign Language Abilities:

\_\_\_\_\_

Areas you would be interested in volunteering:

Office \_\_\_\_\_ Fiesta \_\_\_\_\_ Youth Program \_\_\_\_\_ Interpreting \_\_\_\_\_

GED \_\_\_\_\_ ESL \_\_\_\_\_ Computer Classes \_\_\_\_\_ Fundraising \_\_\_\_\_

Other (please specify):

\_\_\_\_\_

Days and times available (Please specify times):

Days	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Holdiays
Times								

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Image and Media Agreement

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Signature \_\_\_\_\_ Date \_\_\_\_\_



## Authorization for Criminal Background Check

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Other Name/Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Female  Male

E-mail Address \_\_\_\_\_

Ethnicity:  African American  Hispanic/Latino  Caucasian  
 Native American  Asian.Pacific Islander  Other

I, \_\_\_\_\_, authorize Latin Americans United for Progress (LAUP) and its representatives or staff to conduct a criminal background check in public or private confidential records of any agency, organization, or corporation under the Fair Credit Reporting Act 15, USC section 1681 et seq.

I understand this background check will be used to determine employment/internship/volunteer eligibility under the organization's employment policies. Consequently, I authorize the full release of records to the to the organization or its representative. I also release the organization and its representatives or employees from any claims, damages, liabilities, costs or any other charge or complaint filed with any organization due to the retrieval or reporting of this information.