



Applicant Information

Interests and Skills

Additional Information

References

☐ Church
 ☐ Website
 ☐ College or University
☐ High School
 ☐ Advertisement
 ☐ CCLA Employee
☐ Other

Internship Availability

Please mark the days/times you are available to intern.

Write specific time restrictions if applicable.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM: 8:30-12:00							
PM: 12:00-5:00							
Eve: After 5:00							

Length of Commitment

☐ 3 months ☐ 6 months ☐ 9 months ☐ other _____

[illegible]

Please complete this section:

1. What institution requires you to complete internship hours? _____
2. What date do you need to complete your hours? _____
3. When would you like to begin your internship? _____
4. Would you be interested in serving as a volunteer for CCLA after completion or internship? _____

Email to JBatiste@CCharities.org or contact James Batiste, Director of Volunteer Services, at 213-251-3421.

Office Use Only

Type of Intern: ☐ High School ☐ MSW ☐ MFT ☐ BSW ☐ Law

Site: _____ Program Number: _____ Region: _____

Intern Site Supervisor: _____ Phone Number: _____

Intern Site Supervisor: _____ (signature) Date _____

Director of Volunteer Services: _____ (signature) Date _____

TB Test Required: ☐ No ☐ Yes - Date Obtained: _____

Background Check Required: ☐ No ☐ Yes - Date Obtained: _____
☐ Cleared ☐ Did not clear

Live Scan Required: ☐ No ☐ Yes - Date Obtained: _____
☐ Cleared ☐ Did not clear