

Mission Statement

Catholic Charities is committed to manifesting Christ's spirit by collaborating with diverse communities, providing services to the poor and vulnerable, promoting human dignity, and advocating for social justice.

Internship Application

				Applicant Informat	lion				
Full Na	ame:								
A ddro		Last			First		M.I.		
Addres	SS.	Street Address				A	partment/Unit #		
		City			5	State Z	IP Code		
Phone	e:		_Cell:		Email:				
Date o	of Birth	n:							
Emerg	iencv								
Contact		Name			Relationship	Phone			
Email:				_					
				Interests and Ski	lls				
What degree, diploma, or level of experience are you seeking from this internship?									
Is there a specific area of concentration in which you desire to intern? Please list.									
Other	langu	ages that you spea	k, read or write?						
			<u> </u>	Additional Informa	tion				
			•	iaaitionai iiioima					
Ethnic	ity (O _l	otional)							
	Ameı	rican Indian/Alaskaı	n \square	Asian/Pacific Islander		☐ Black/African	American		
	Hispa	anic/Latino		White/Caucasian		Other			
	Fema	ale		Male					
				References					
Please	e list d	one personal and o	one professiona	I reference.					
Persor	nal	Name			Relationship	Phone			
Profes	siona	Name			Relationship	Phone			
What o	guided	d you to Catholic Ch	narities of Los Ai	ngeles (CCLA) for Inte	rnship opporti	unities?			
	Chur	ch		Website		College or U	niversity		
	High	School		Advertisement		CCLA Emplo	yee		
	Othe	r							
_	20	-							

Internship Availability

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

your hours?

internship?

3. When would you like to begin your

4. Would you be interested in serving as a volunteer for CCLA after completion or internship?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM:							
8:30-12:00							
PM:							
12:00–5:00							
Eve:							
After 5:00							
L			Length of	Commitment		I	
	□ 3	months	6 months	☐ 9 months	□ other		
		lı	nstitution an	d Required H	ours		
Please compl	ete this section	on:					
	tution requires						
	do you need						

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

Office Use Only							
Type of Intern: ☐ High School	ol	□ MSW	□ MFT	□ BSV	V □ Law		
Site:		_ Program Number:		Regio	on:		
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		