



**INTERN APPLICATION**  
**Generations Adoptions**

**Please print**

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Education Level \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

SSN#: \_\_\_\_\_ Are you over 18?  yes;  no Date of Birth: \_\_\_\_/\_\_\_\_/XXXX

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What is your major or concentration? \_\_\_\_\_

What class/degree program is your internship for and what are the requirements? \_\_\_\_\_

If approved, beginning date of Internship: \_\_\_\_\_ Ending date: \_\_\_\_\_

Days per week you are able to work M - F: \_\_\_\_\_

We are open 9 a.m. – 5 p.m. What hours can you work? \_\_\_\_\_

How many hours per day/days per week are you available to work? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Please check your areas of interest below:

<input type="checkbox"/> Social Work	<input type="checkbox"/> Religious Ministry
<input type="checkbox"/> Administration	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Education	<input type="checkbox"/> Other: _____

Please explain your areas of interests and what you hope to learn/accomplish through this internship: \_\_\_\_\_

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*Other areas of service:*

\_\_\_\_\_ Provide transportation to birthmoms to their medical appointments, school, job, counseling at Generations, etc.

\_\_\_\_\_ Be available to give your testimony to potential adoptive families and birthmoms considering adoption. My testimony is:

\_\_\_\_\_ placed a child for adoption \_\_\_\_\_ an adopted child myself \_\_\_\_\_ an adoptive parent

**Present Employment** \_\_\_\_\_

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**Additional Information:**

1. What is your reason for seeking to intern here? \_\_\_\_\_

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2. We are a Christian adoption agency. Do you consider yourself a Christian? \_\_\_Yes \_\_\_ No

If yes, how long have you been a Christian? \_\_\_\_\_

3. As a Christian, what is the basis of your salvation? \_\_\_\_\_

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4. Please provide the following information concerning your local church.

Church \_\_\_\_\_ Address \_\_\_\_\_

5. This organization is a Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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6. What special skills, talents, gifts, or personality traits would you bring to this ministry?

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7. Have you ever known a single pregnant woman? \_\_\_ Yes \_\_\_ No

(Explanation)\_\_\_\_\_

8. Have you ever know a woman who placed for adoption? \_\_\_ Yes \_\_\_ No

(Explanation)\_\_\_\_\_

9. Are you currently or have you ever been involved in seeking to adopt a child? \_\_\_ Yes \_\_\_ No

(Explanation)\_\_\_\_\_

10. What do you consider to be your possible areas of weakness?\_\_\_\_\_

\_\_\_\_\_

11. Are there any particular personality types with whom you have difficulty working?\_\_\_\_\_

\_\_\_\_\_

**References:**

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

	Name	Address	Phone #	Years acquainted	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this internship application are true and complete to the best of my knowledge, and I authorize the adoption agency to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the agency and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the agency to conduct a criminal background check to the extent that my internship duties may involve direct interaction with clients. If I become an intern, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

I further certify that I have read and that I am in full agreement with the attached Statement of Faith.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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