



## INTERNSHIP APPLICATION

Submit along with a resume.

|   |  |   |
|---|--|---|
| Today's Date _____  |  |   |
| Full Name _____   |  |   |
| Address _____   |  |   |
| City _____  |  | Zip _____                                   |
| Phone _____   |  | E-mail Address _____                        |
| Have you worked at a YMCA or Boys & Girls Club before? Yes      No  |  |   |
| Type of Internship: <input type="checkbox"/> Internship <input type="checkbox"/> Micro Internship* <input type="checkbox"/> Job Shadow*               |  |   |
| *Number of hours required: _____  |  |   |
| I am applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other _____ |  |   |
| Major field of study _____  |  | Year in school _____                        |
| Name of university/school _____   |  |   |
| Internship Program Coordinator _____  |  |   |
| Phone (____) _____  |  | Email Address _____                         |
| <b>Availability</b>   |  |   |
| Days and times available for internship _____   |  |   |
| I have a strong interest in an internship in the following area(s):   |  |   |
| <input type="checkbox"/> Youth Programs   | <input type="checkbox"/> Facility Management           | <input type="checkbox"/> Athletics          |
| <input type="checkbox"/> Child Care   | <input type="checkbox"/> Food & Nutrition              | <input type="checkbox"/> Staff Development  |
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Aquatics                      | <input type="checkbox"/> Human Resources    |
| <input type="checkbox"/> Health & Well-Being  | <input type="checkbox"/> Finance/Accounting            | <input type="checkbox"/> Financial          |
| <input type="checkbox"/> Development  | <input type="checkbox"/> Wellness                      | <input type="checkbox"/> Gardens/Greenhouse |
| <input type="checkbox"/> Member Services  | <input type="checkbox"/> Other: please list here _____ |   |

Why do you want to intern at AYCC?

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What current skills and experiences do you have that may be relevant to an AYCC internship experience (examples: computer skills, program experience, volunteer experiences, qualifications/certifications, etc.)? Explain:

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Will you receive credit for the internship?

☐ Yes ☐ No

If yes, how many credits? \_\_\_\_\_

Are you strictly looking for a paid internship?

☐ Yes ☐ No

If yes, what is the wage you are expecting?

\_\_\_\_\_

### References (Professional or Academic Preferred)

| Name | Organization | Relationship (e.g., your advisor, professor, etc.) | Phone and email |
|------|--------------|--|-----------------|
|      |              |  |                 |
|      |              |  |                 |
|      |              |  |                 |

This application will serve as declaration of my intention to be considered for an internship as agreed upon with the AYCC. I have met with my college internship supervisor and have received approval as applicable for my degree program.

Student's signature \_\_\_\_\_

Today's date: \_\_\_\_\_

**This internship application becomes void after 60 days unless renewed.**

**Boys & Girls Clubs and YMCA of Greater Waterville at  
the Alfond Youth & Community Center**

126 North Street, Waterville, ME 04901

207-873-0684 207-861-8016 [www.clubaycc.org](http://www.clubaycc.org)



## **Statement of Applicant - Employment**

In the Alfond Youth & Community Center's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the Alfond Youth & Community Center, an extensive inquiry will be made concerning my prior employment; activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my employment by the Alfond Youth & Community Center, I will comply with all policies set forth in the personnel policies and with other policies established from time to time by the organization. I authorize the Alfond Youth & Community Center to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment is contingent upon passing background checks. Background checks will be run each year while employed with the AYCC.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or after employment, may be cause for termination of employment with the Alfond Youth & Community Center.

I understand that the Alfond Youth & Community Center will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as an Alfond Youth & Community Center employee, I am not allowed to socialize with the Alfond Youth & Community Center youth members or participants outside of the Alfond Youth & Community Center programs, especially babysitting or inviting children to my home.

I understand and agree that if I am employed, there is no contract period of employment and my employment would be solely an "employment at will" giving either me or the Alfond Youth & Community Center the right to terminate my employment at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

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Signature of Applicant

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Date

## **BELONG BELIEVE ACHIEVE**



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## AYCC Criminal History Background Check

Date \_\_\_\_\_

Purpose of Request: Volunteer \_\_\_\_\_ or Employment \_\_\_\_\_

LAST Name \_\_\_\_\_ Middle Initial \_\_\_\_ First Name \_\_\_\_\_

Previous Name (Married/Maiden/Other) \_\_\_\_\_

Physical Address \_\_\_\_\_

Prior Physical Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_ Date of Issue \_\_\_\_\_

Social Security Number \_\_\_\_\_

I authorize the Alfond Youth & Community Center to perform a criminal history background check upon a being offered a position with the AYCC and each year thereafter while I am employed with the AYCC.

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

Person Inquiring: Anna Good, Recruiting Coordinator

Organization: Alfond Youth & Community Center

Address: 126 North Street, Waterville, Maine 04901

**Our Mission:** To inspire and enable all young people and their families to realize their full potential as productive, responsible, and caring citizens.

**BELONG BELIEVE ACHIEVE**





Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Toll Free: (877) 680-5866  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 851

Anna Good  
Waterville Boys & Girls Club/YMCA  
Alfond Youth & Community Center, 126 North Street  
Waterville, ME 04901

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
(Please print clearly) confidential information to the above agency regarding whether or not I have been  
substantiated in a State of Maine Child Protective Services case.

**I understand that:**

- ☐ The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- ☐ This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- ☐ This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- ☐ This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- ☐ This release will expire upon the disclosure of the information as authorized.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →**

Updated 2020

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

\_\_\_\_\_  
DHHS, OCFS, Background Check Unit Staff

