



Marketing & Events Internship Application

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Address: _____ City: _____ State: _____
Zip: _____ Telephone: _____

Email Address: _____

Have you volunteered at SAAFE House before? Yes No

Availability: Applying for which semester? Fall Spring Summer

How many hours per week would you like to intern for? _____

Are you interning to fulfill a class requirement? Yes No If yes, for what class and/or degree program:

How many hours are you required to complete? _____ By when? _____

Highest education level: High School/GED Some College Graduate _____ Degree

Are you currently a student? Yes No Name of School: _____

Licenses/Certifications: _____

Describe other training, skills, or talents: _____

Volunteer/Employment Experience: _____

References (Please list 3 Professional References) Name Relationship Phone

_____/_____/_____
_____/_____/_____
_____/_____/_____

Are you fluent in any languages other than English? Yes No If yes, what language(s):



SAAFE HOUSE
SEXUAL ASSAULT & ABUSE FREE ENVIRONMENT

Do you require special accommodations for your internship experience? ___Yes ___No

Please explain: _____

Are there any restrictions on your interning capabilities? ___Yes ___No Please explain:

Have you ever been convicted of a law violation (other than routine traffic violations)? ___Yes ___No If yes please explain: _____

Have you, your spouse, or a family member ever received services from the ___Yes ___No SAAFE House? If yes, please explain in a separately attached document ___Unsure

I understand that interns are required to maintain confidentiality at all times during and after their internship assignments and that violation of this confidentiality is cause for termination of my services. I understand that misrepresentation of information requested is cause for termination of my intern services.

I authorize investigation on all statements contained in this application. SAAFE House has the right to conduct a criminal background check and by signing below, you authorize investigation of all statements made in this application. Further, by signing below, you agree that you understand these terms as stated and have answered all questions truthfully.

Applicant's Signature: _____ Date: _____

(ATTATCH EDUCATIONAL RESUME AND TRANSCRIPT WITH COMPLETED APPLICATION)

Send Completed Applications to:
SAAFE House
Attn: Rene Murphy, CSD
1426 Sam Houston Ave.
Huntsville, TX 77340
Email: csd@saafehouse.org

ADMINISTRATIVE USE ONLY Application Received: ___/___/___ Interviewed: ___/___/___

By _____