

Camp Shriver Learning Lab Internship Application, Summer 2009

We are excited that you have chosen to apply to be an intern with the Camp Shriver Learning Lab at UMass Boston. Please see the Learning Lab Program Description for a description of the internship course.

You may print this application and complete it by hand, or type your responses in the application via Microsoft Word. Once you have filled out the application, review this list to make sure you have included all the necessary information.

- Personal Information
- Education
- Relevant Experience
- Response to Short-Answer Question
- Signed CORI form
- Copy of Driver's License, Passport, Alien Registration Card, Employment Authorization Card, or U.S. Military Identification Card
- Unofficial Transcript (wiser version is fine)

Please submit this application form as a hard copy to Abbey Eisenhower's mailbox in the Psychology Department mailroom (McCormack 4th Floor, Room 209) or as a scanned pdf file via email to abbey.eisenhower@umb.edu. The application deadline is **Monday, April 20th at 5:00pm**. Earlier applications are welcome and will be reviewed as they arrive. Once we receive your application, you may be contacted for an interview. Please contact abbey.eisenhower@umb.edu with questions.

Personal Information

Name: _____

Current Address: _____

(valid until ___/___/___)

Permanent Address: _____

Phone Number _____ E-mail _____

Camp Shriver Learning Lab interns must be available for class on Tuesdays and Thursdays, 2:30-4:30, from May 26th to August 20th. Interns will also contribute 8-10 hrs/wk of fieldwork on Tuesdays and Thursdays when camp is in session (July 6-31). Please describe your other time commitments this summer and describe your availability on Tuesdays and Thursdays.

Relevant Experience

Research: Have you had any experience with research in the social sciences? If so, please describe the research study/ies, your responsibilities and duties, the dates of your involvement, the name of your supervisor, and the location of the work.

Work & Volunteer Experience: Have you had experience working with children, especially children with special needs? If so, please describe. Include work, volunteer experience, or training. For each experience, please describe your position, the dates of your involvement, the name of the organization or program if any, your responsibilities, and the children you worked with.

Please describe any other experiences or skills that you believe are relevant to this program (optional).

Do you speak any languages besides English? If so, please list. _____
Do you hold any certifications (First Aid, CPR) or training experiences that are relevant to this program?

Camp Shriver campers swim at camp on a daily basis. There is a possibility that your camp fieldwork will occur during your campers' swimming activities, in which case you will be encouraged to swim with the campers and your fellow counselors. Is there any condition that we need to be aware of that would make this impossible? (Your answer will not affect your consideration for the program.)

Short Answer Question

Please answer the question in the space provided (typed is preferable) or on a separate sheet. In two to three paragraphs, please tell us why you would like to participate in the Camp Shriver Learning Lab internship. Feel free to share anything about your previous experiences that you think is important for us to know.

Thank you for your application! Please continue to the next page and complete the following CORI form. Because this internship position requires working with children, you are asked to sign this form which grants permission to Camp Shriver to request a criminal offender record information (CORI) and juvenile data on you. Please note that the signature of a "CORI authorized employee" should be left blank.



CORI REQUEST FORM

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Camp Shriver at UMass Boston - Center for Social Development & Education is requesting the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172G.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT):

_____, _____
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER

(Requested but not required):
MOTHER'S MAIDEN NAME _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: ___ft. ___in. WEIGHT: _____ EYE COLOR _____

STATE DRIVER'S LICENSE NUMBER: _____

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

(Please attach a copy of one of the following forms of ID: Driver's License, Passport, Alien Registration Card, Employment Authorization Card, or U.S. Military Identification Card)

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE