

Student Intern Application

Lake County Board of Developmental Disabilities

Date: _____

Sex: ☐ Male ☐ Female

Name: _____
(First) (Last) (Middle Initial)

Address: _____
(Street Address) (City/State) (Zip)

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Preferred: ☐ Home ☐ Work ☐ Mobile

Email: _____ Fax: _____

Student Internship: ☐ High School ☐ College ☐ Other

Explain what your proposed internship is for, including timeframe:

Teacher and/or Field Advisor name and contact information:

Please attach paperwork regarding the internship.



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Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain the conviction(s): _____

Last date(s) of all convictions(s): _____

Probation status: _____

You are not required to furnish information about a first conviction for drunkenness, speeding, or minor traffic violations unless your volunteer assignment requires/permits you to drive; disturbing the peace, or if your record was sealed pursuant to state law or for a minor misdemeanor (third degree) where conviction and completion of jail sentence was more than ten years ago– unless you were convicted with another offense within the last ten years. Disclosure of a criminal record will not necessarily disqualify you from interning. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness of the offense in relation to the volunteer assignment for which you are applying.

References: (No family members, please)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I understand that in order to participate in the Lake County Board of Developmental Disabilities (LCBDD) programs as a student intern, I must complete all orientation required and fulfill assignments to which I have committed. I, the undersigned, state that all of the above information is true. I authorize the LCBDD to verify this by any reasonable means necessary relating to my suitability as a student intern. In consideration of my participation as a student intern at the LCBDD, I do hereby declare myself to be able to participate, and I agree to familiarize myself with all agency policies and procedures, equipment, rules and other information necessary related to the activities I undertake.

Signature of the Student Intern

Date _____

Signature of Parent and/or Guardian

Date _____

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Empower individuals with developmental disabilities to engage in activities that enrich their lives and contribute to their community.



440-350-5100



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LakeBDD.org



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