

## STUDENT INTERN AND VOLUNTEER APPLICATION AND AGREEMENT

**Please complete in black ink or type. Answer each item completely and accurately. Incomplete or false answers on this application may cause you to be disqualified as an applicant as a student intern or student volunteer. Please allow thirty days for processing.**

Region and County Requesting to Intern or Volunteer	Home Phone No.	Today's Date
Social Security No.	Work Phone No.	

1.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms									
		Last Name			First Name		Middle Name		Other Name (if any)				
2.	Address	Street, R.F.D. or Box No.			City		State		Zip Code	County			
3.	E-mail Address												
4.	Date of Birth			Month	Day	Year	5. Are you a U. S. citizen?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
							6. Are you a legal permanent resident?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<p>7. Degree type:</p> <p><input type="checkbox"/> Associates</p> <p><input type="checkbox"/> Bachelor</p> <p><input type="checkbox"/> Masters</p> <p><input type="checkbox"/> Other: (describe):</p> <p>_____</p> <p>_____</p>	<p>8. Anticipated graduation date:</p> <p>_____</p> <p>Month/Year</p>	<p>9. Field of study:</p> <p>_____</p>	<p>10. Name of College/University:</p> <p>_____</p>
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11.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Currently employed by KY State Government?	Previous employee of State Government, list dates.
12.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you have a valid driver's license? License #	
13.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020.	
14.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have you ever had a substantiated finding of abuse, neglect, or exploitation of a child or adult?	

15.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have you resided in any other State in the last 10 years?	If yes, what States:  If yes, what years:
16.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Are you a CW-PREP or MSW Stipend student?	

**I authorize the Cabinet to conduct a complete background check, including but not limited to, a state Child Abuse/Neglect (CA/N) system, Administrative Office of the Courts (AOC) and Sex Offender Registry.**

**Date:** \_\_\_\_\_

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