



# Centre County Youth Service Bureau

325 West Aaron Drive, State College, PA 16803

Phone: 814-237-5731 Fax: 814-237-2228

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (Present): \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Parent's): \_\_\_\_\_ Phone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Cell: \_\_\_\_\_

How long do you plan to stay in this area? \_\_\_\_\_

When do you desire internship placement? \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Term/Semester – Year \_\_\_\_\_ (note credits & hours)

Have you been involved in Youth Service Bureau previously (if yes when)? \_\_\_\_\_

Check all programs in which you would be interested in doing an internship:

Parenting Plus \_\_\_\_\_, Big Brothers Big Sisters \_\_\_\_\_, Stepping Stone Transitional Living Program \_\_\_\_\_,  
Stormbreak Youth Program \_\_\_\_\_, Zerby Gap Familyworks \_\_\_\_\_, Bellefonte Youth Center \_\_\_\_\_,  
Youth and Family Services (YFS) \_\_\_\_\_, Snow Shoe Youth Center \_\_\_\_\_, Mobile Outreach Unit \_\_\_\_\_,  
Burrowes Street Youth Haven \_\_\_\_\_, D&A Prevention and Tobacco \_\_\_\_\_, DeClutter \_\_\_\_\_,  
Family Group Decision Making (FGDM) \_\_\_\_\_, Computer Support/Information Systems \_\_\_\_\_,  
Administration/Grants/Fund-Raising \_\_\_\_\_, Juvenile Mentoring Program (JUMP) \_\_\_\_\_.

Do you have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_ Car insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about this agency? \_\_\_\_\_

Education: (list name, major, degree, and dates attended)

College \_\_\_\_\_

Post Grad \_\_\_\_\_

Employment: (list employer name, address, job description, and dates)

Present: \_\_\_\_\_

Past: \_\_\_\_\_

Volunteer Work: (list agency/organization and dates)

Present: \_\_\_\_\_

Past: \_\_\_\_\_

Hobbies, Areas of Interest, Special Skills:

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Organizations with which you are affiliated (community and/or professional):

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Police Record: Have you ever been convicted of a crime?      Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain.

Please state your educational objectives:

Please provide practical examples of situations that you would like to experience during your internship:

Please describe what you will consider measurements of success during your internship:

Please describe what kind of supervision you feel will be needed during your internship:

By signing below, I attest that the information in this application is true and correct.

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Signature

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Date