



Baltimore Child Abuse Center

Intern Application

Name: _____
 First Middle Last

Date of Birth: _____ E-mail Address: _____

Permanent Address: _____

 City State Zip

Telephone Number: _____
 Home Cell

If Student: Address During the School Year

Address: _____

 City State Zip

In case of emergency, notify:

Full Name: _____ Relationship: _____

Address: _____

 City State Zip

Phone: _____ (Home) _____ (Work) _____ (Cell)

Please list any information of directions that should be conveyed to those who are providing you with emergency care (ex: allergies, medications, etc.)

 Signature Date

Intern Information

All interns are required to complete a four (4) hour orientation at Baltimore Child Abuse Center (BCAC) before they can begin service.

I am willing to complete the four (4) hour orientation at BCAC before I begin my service.
 _____ Initials

Is this internship placement a requirement for school? ___ YES ___ No

If so, what school do you attend? _____

How many hours are you required to complete? _____

Who is your faculty advisor? _____

Times Available for Intern/Volunteer Work Please check the most convenient time(s)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am-2pm							
2pm-7pm							
Other							

Are you interested in on-going volunteer opportunities or internships? ___ Yes ___ No

Are you interested in intern opportunities outside the hours of operation (8 a.m. to 8 p.m.)?
 _____ Yes _____ No

If so, what hours? _____

Are you available to provide assistance to families during on-call hours (after 7pm)?
 _____ Yes _____ No

Please complete this application and return it with a **cover letter** and **resume** to:

Amanda Keanna, MS, CCLS
Child Development Program Supervisor
Baltimore Child Abuse Center
2300 North Charles Street 4th fl
Baltimore, MD 21218
akeanna@bcaci.org
443-872-2107