**PARENT INTERNSHIP** **APPLICATION**

The Parent Internship Program is designed to provide Kidco Head Start/Early Head Start parents the opportunity to gain practical experience and training in the classroom or office environment. Please note: previous experience in either area is not required to be eligible for the Internship program.

Please complete all areas of the application.

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| **Personal Data** |
| ­Name:  |
| Address: | Email: |
| City:  | State: | Zip: |
| Home/Cell Phone: | Work Phone: |
| HS/EHS Childs Name:  |
| Are you currently employed? yes [ ]  no [ ]  |
| Are you related to a current Kidco Head Start Employee? yes [ ]  no [ ]  If yes, provide name of relative:  |
| What age group are you interested in working with? (check all that apply): Infant/Toddler [ ]  Preschool [ ]   |
| What days of the week are you available? Mon. [ ]  Tues. [ ]  Wed. [ ]  Thus. [ ]  Fri. [ ]  |
| Time Available: Morning [ ]  Afternoon [ ]  Evening [ ]  |
| What is your center location preference? Choose an item. |
| Type of Work: Choose an item.  |

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| **Education** |
| Do you have a high school diploma or GED certificate? yes [ ]  no [ ]  |
| What is the highest year you have completed in school?  |
| Please list College, University, Nursing Trade, Business or other schools attended.  |
| Name and Location of School:  | Course of Study: | Years Completed: | Graduated: | Degree: |
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| Special Skills/Talents, and/or subjects of special studies or research work: |
| **Work Experience** |
| Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. |
| Name of Employer:  |
| Your Position/Title:  | From:  | To: |
| Your Duties:  |
|  |
| Name of Employer:  |
| Your Position/Title:  | From: | To: |
| Your Duties:  |
| **Additional Volunteer / Community Experience** |
| You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. |
| Name of Organization:  |
| Supervisors Name:  | Phone Number: |
| Your Position/Title:  |
| From:  | To: | Your Duties:  |
| Total Time: | Hours per week:  |
|  |
| Name of Organization:  |
|  Supervisors Name:  | Phone Number:  |
| Your Position/Title:  |
| From:  | To: | Your Duties: |
| Total Time: | Hours per week:  |

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| **Reference** |
| Please list two references |
| **Name:** | **Telephone:** | **Relationship:** |
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| **Additional Qualifications** |
| Please summarize special skills and qualification acquired from employment or other experience. |
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I certify that the information contained in this application is true and complete.

I authorize investigation of all statements contained in the application for participation in the Parent Internship program.

I authorize Kidco Head Start to contact my listed references to verify information. I authorize all contacted listed persons of reference to provide information concerning this application, past work experience, my background and suitability for participation in the internship program and I release such persons from liability for providing such information.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed application to the Kids and Company of Linn County PFCE Specialist located at the Administration office: 300 Market Street Suite 200 Lebanon Oregon 97355.

Questions?
Contact the PFCE Specialist

Julie Lovell
Phone: 541-451-1581
Fax: 541-259-1581
Email: jlovell@kidcoheadstart.org