



CHILDREN’S CENTER

INTERNSHIP/PRACTICUM/VOLUNTEER APPLICATION

Name _____

Phone _____

Email _____

Major _____

Why are you interested in an experience at the Children’s Center?

Total required number of hours _____

When would you like to begin? _____

Days you are available _____

Affiliation UIC____ Not UIC-Please share organization

Emergency Contact_____

Phone_____

Relationship_____

Please submit a copy of your resume or course syllabus.

I understand that I will be under the immediate supervision of the classroom teacher and that I am NOT to work unsupervised with children. I also understand that I will NOT be paid for volunteer time. Any inappropriate interactions with a child or children or failure to comply with the Center’s Discipline Policy will be cause for my immediate dismissal.

Signature of Student/Volunteer

Date

Signature of Assistant

Date

Updated 9.23

