



The Immigration Project

211 Landmark Drive, Suite B3A, Normal IL 61761

INTERN INTEREST FORM – HOME OFFICE

Thank you for taking the time to complete this form for our records. Please print clearly. Our Volunteer Coordinator will contact you within 5-8 days of receiving this form.

In-Office Notes:

PERSONAL INFORMATION:

Date: _____

Name: _____

Birthday: _____

Phone : _____ or _____ Can we text you? Y N

Email: _____

School Address: _____

Major: _____ Graduation Date: _____

What languages do you speak and what is your proficiency in these languages?
(F = Fluent, A= Advanced, I = Intermediate, B= Beginner)

INTERNSHIP INFORMATION:

Which office would you like to intern with? Normal Champaign

Which Internship roles Interest you? (For more information please refer to our website listing at <http://www.immigrationproject.org/volunteer/>.)

Case Assistant

Translation/Interpretation (indicate language)

Spanish French Lingala other: _____

Marketing or Communications

Class/Program requiring Internship: _____

Will the internship be For university credit hours Not for university credit hours

Total Hours needed: _____ Semester: _____

Internship Advisor: _____

Advisor Phone : _____ Email: _____

Is there an evaluation required? Y N

If the answer is yes, when is the evaluation required? Mid semester End of the semester

AVAILABILITY:

Tentative start and end date _____

Please indicate which period(s) of time you think you will be available each day of the week

	10-11 AM	11AM- 12PM	12-1 PM	1-2 PM	2-3 PM	3-4 PM	4-5 PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times a week do you want to intern? _____

How many hours maximum do you want to do in one day of interning? _____

QUESTIONS:

Why would you like to intern at Immigration Project? :

What skills do you wish to gain from this experience? :

Please share any other information with us (special talents or skills):

****PLEASE INCLUDE A COPY OF YOUR RESUME AND YOUR PROGRAM REQUIREMENTS WITH THIS FORM,
IF AVAILABLE.****

BACKGROUND INFORMATION:

Have you, a family member, or a friend ever sought services from The Immigration Project? Y N

Do you have or have you had any criminal charges against you? Y N

If yes, what for? _____

Is the case closed? _____

Would you be willing to submit to a background check if requested? Y N

Please email the volunteer coordinator the following information:

- This completed form as an email attachment, including page 4
- The training date you are interested in (see website)
- A copy of your program requirements
- A copy of your current resume

Normal Office:

Genesis Marie Buendia

Volunteer Coordinator – AmeriCorps VISTA

EMAIL: gbuendia@immigrationproject.org

Champaign Office:

Nat Bauer

Development and Volunteer Coordinator – AmeriCorps VISTA

EMAIL: nbauer@immigrationproject.org

You will be contacted within 5-8 business days

The Immigration Project

211 Landmark Drive, Suite B3A, Normal IL 61761
(PO Box 1503, Bloomington, IL 61702-1503)

Rights & Duties as to Client Confidentiality

The Immigration Project supports the legitimate expectation of its client families to privacy. This right to privacy includes a limitation on the use of information and other communications observed by volunteers.

All records, actions and other communications made by clients are confidential. Their use is governed by the laws of the State of Illinois and the policies of The Immigration Project.

Under Illinois law, you may not disclose these confidences to anyone not authorized by the client to receive them. Breach of this duty can result in civil and criminal penalties including up to \$1,000.00 fine, one year in prison, or both.

Do not:

1. Reveal to anyone the name or identity of a client.
2. Repeat any statements, descriptions, or actions made by the clients.
3. Reveal to anyone any portion of a record created by any person based on communications or actions by the client (for example, applications, fee cards, case counts, or reports).
4. Use passwords or access information outside your time at The Immigration Project.

Changing the client's name or other identity data is not enough to avoid these duties. You can discuss the case only with staff members of Immigration Project.

I have read this statement. I understand my rights and duties set forth above. I agree to perform these duties.

E-Signature _____

Date ____ / ____ / ____

Printed Name _____

Phone Number _____

Mailing Address _____

Email _____