



The Immigration Project Internship Interest Form

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

Date: _____

Name: _____

Preferred Pronouns: She/Her He/Him They/Them Other: _____

Birthday: _____

Phone: _____ Can we text you? Y N

Email: _____

Home Address: _____

Which office are you interested in interning with? Bloomington-Normal Champaign-Urbana

SCHOOL INFORMATION

School Name: _____

School year mailing address (if different from home address):

Degree Program: _____ Major/Subject of Study: _____

Graduation Date: _____

INTERNSHIP INFORMATION

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 which language)

Spanish French Lingala Q'anjob'al Other: _____

Programs Assistant (Community Navigators or NAI Citizenship)

Other Administrative/Clerical (Digital Archives, Development, Communications, I.T., etc)

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

Class/Program Requiring Internship: _____

Total Hours Needed: _____ Start Date: _____ End Date: _____

Internship Advisor Name: _____

Advisor Phone: _____ Advisor Email: _____

Is there an Evaluation required? Y N If yes, when? _____

**** PLEASE ATTACH A COPY OF THE PROGRAM REQUIREMENTS, IF AVAILABLE ****

SKILLS AND GOALS

List any languages you speak in addition to English and indicate your proficiency.
(F = Fluent, A= Advanced, I = Intermediate, B= Beginner)

Why would you like to intern at the Immigration Project?

What skills do you wish to gain from this experience?

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

****PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME WITH THIS FORM, IF AVAILABLE.****

AVAILABILITY

Semester

Fall Spring Summer Other _____

How many hours a week would you like to intern? _____

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

What is your tentative start date? _____

Please indicate which times you think you will be available each day of the week:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

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 following information to the Volunteer Coordinator:

- This completed form as an email attachment, including page 4
- A copy of your program requirements, if applicable
- A copy of your current resume

Email: volunteercoordinator@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 _____