



ChildVoice Internship Application

Thank you for your interest in working with ChildVoice. Research and technical assistance is vital to the success of the mission of ChildVoice. We ask that your research or assistance contribute to the vision of restoring the voices of children silenced by war by (a) raising awareness about the needs of war affected children, (b) building an archive of research about the effects of war on children, families, and communities, and (c) the creation of effective and sustainable interventions. Thank you for taking the time and energy to honestly respond to the following questions. Please send the completed application, the completed medical disclosure and treatment form, a scan of your passport and your resume to Gary Christman, Team and Intern Manager, teamsandinterns@childvoiceintl.org

Your name: _____

Address (include city, state, province, country):

Email: _____

Phone number: _____ **Cell number:** _____

Date of Birth: _____ **Gender:** **Male** **Female**

Passport Information:

Country: _____

Number: _____

Date of expiration: _____

About You:

How did you hear about ChildVoice International?

What is your current education/employment status?

Name of school or employer: _____

Academic year or years employed: _____

Major area of study or type of work: _____

What three words would you use to describe yourself? Please explain:

Do you have any significant health conditions, physical limitations or special dietary needs?
Please explain:

Have you traveled overseas before? Please list:

Location	Date	How Long	Reason for trip
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Does your health insurance policy cover overseas travel? Yes No

Please list your educational credentials.

If you have crossed cultures in the past, what are three lessons you have learned in relating to others and working in a different setting?

Would this internship be for college credit? Yes No

How long of an internship were you thinking you might like to do?

When were you looking to do this internship?

What are your goals/needs for this internship?

How would your internship benefit ChildVoice?

What type of work/project are you thinking of doing for this internship?

Have you ever been investigated for and/or charged with child abuse or neglect?

Yes No (circle one) If yes, please explain:

Have you ever been investigated for and/or charged with assault?

Yes No (circle one) If yes, please explain:

Have you ever been investigated for and/or charged with any other offence?

Yes No (circle one) If yes, please explain:

Please submit this application along with the Medical Disclosure and Treatment form, your resume, 2 references, a copy of your passport and your college transcript to:

202 Kent place Newmarket, NH 03857 or email them to teamsandinterns@childvoiceintl.org .

Thank you.

Signature: _____ Date: _____