



Genesis *JOY* House Homeless Shelter, Inc.
P.O. Box 6425
Warner Robins, GA 31095
478-236-2207
www.genesisjoyhouse.com
 Complete, scan and email forms to Genesisjoyhouse@gmail.com.

INTERNSHIP APPLICATION

Full Name: _____

Internship Dates: _____ to _____

Please list your availability and hours for internship? List hours in appropriate space(s):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Email Address: _____

Current and Most Recent College or University:

University Address: _____

Degree & Major _____

Expected Graduation Date (if applicable) _____ **GPA** _____

Current Address: _____

Phone Number: _____ **Cell Number:** _____

Are You a U.S. Citizen? Yes No

How Did you hear about Genesis Joy House Homeless Shelter? _____

I certify that the information contained on this form and in my application is true and complete to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

All qualified applicants will receive consideration without regard to race, color, sex, age, national origin, religion, disability, veteran status, sexual orientation, marital status, citizenship, or any other protected status. No question on this application is intended to secure information to be used for such discrimination. Genesis Joy House Homeless Shelter offers equal opportunity and treatment to all who apply. Submitting this form does not guarantee you will be selected as an intern.

PLEASE SUBMIT WITH THE APPLICATION THE FOLLOWING MATERIALS:

Resume University/college transcript(s); undergraduate and graduate (if applicable) and internship information
 Please submit a Personal Statement (Outlining of your Strengths)