

Early Care & Education Internship Application

On behalf of Early Care & Education at ESD 112, we would like to thank you for your willingness to donate your time and services to our programs! We look forward to supporting you in your educational and professional growth. We greatly appreciate your interest in providing equitable and high-quality learning opportunities for children and families in our community.

Date: _____
First Name: _____ Last Name: _____ D.O.B. _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

How did you find this internship opportunity? _____

Are you working with a university program or career planning agency? If yes, which? _____

When would you like to begin interning? How many hours are required to meet your program requirements?

Please circle all age groups of children that you are interested in working with:

Toddlers

Preschool

School-age (Kindergarten to 5th grade)

In a cover letter, please describe the following:

- *Why you would like to intern at an early learning program*
- *Why you are a good candidate for this organization*
- *Identify learning objectives, professional interests and goals for this internship*
- *Any requirements or agreements that the worksite/ESD 112 will need to comply with*
- *Your experience or background working with young children and diverse communities*
- *Any other supplemental information about your character, interests, work ethic or leadership style you would like us to know*

Please email your cover letter and resume to kayli.troelsen@esd112.org

For more information please visit our website <https://www.esd112.org/ece/volunteer/>

Educational and Professional Training

- Do you have a high school diploma? **YES** **NO**
- Are you currently a High School student? **YES** **NO**
 If yes, where? _____
- Have you completed classes in Early Childhood Education, Human Development or a related field?

YES **NO**

 If Yes, which _____
- Do you have/are you working towards an associates or college degree? **YES** **NO**
 If yes, Name of School, Degree/ Major (s) _____

Requirements

Persons who volunteer on a weekly or more frequent basis must complete the following:

- ◆ TB Test & Health Examination (*form provided to give to a doctor or physician*)
- ◆ Complete ECE MMR Immunization Form or show Proof of Immunity
- ◆ Complete a Portable Background Check and fingerprint appointment (*online and provided by ESD 112 if needed*)
- ◆ Complete quick and free online trainings: *Mandatory Reporting, Blood Borne Pathogen Prevention, FERPA/School Volunteer Confidentiality, Shaken Baby Syndrome and Safe Sleep*
 - Will you be able to complete these requirements to volunteer? YES NO
 - Do you need any of these materials in a language other than English? YES NO
 - Do you have access to internet? YES NO

When complete, please email application and other materials to ESD 112

Workforce Development & Volunteer Coordinator kayli.troelsen@esd112.org