



Serving the Communities of Anmore, Belcarra, Coquitlam, New Westminster, Port Coquitlam and Port Moody

## **Student Intern Application**

### **General Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you willing to have a criminal record background check? Yes  No

Are you available to volunteer 12 hours per month? Yes  No

How long are you hoping to work as an intern? \_\_\_\_\_

### **Student Information:**

School you are attending: \_\_\_\_\_

What is your current year of study? \_\_\_\_\_

What is your major/area of concentration? \_\_\_\_\_

Why are you interested in interning at CERA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for an intern position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What are your general career goals? How do you think an intern position at CERA will assist you in achieving your goals?

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Please indicate any diplomas, certificates and degrees you have attained.

**Certificate, Diploma, Degree**

**Institution**

**Date**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Volunteer Experience:**

Please describe any previous volunteer work experience:

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**Other Information:**

What languages are you fluent in?

Spoken \_\_\_\_\_

Written \_\_\_\_\_

What strengths do you think you would contribute to the student intern role? (In particular, note any work with youth at risk; knowledge of the criminal justice system; experience in facilitation and conflict resolution; work supporting people who have been through a traumatic experience; research and writing skills, administration, etc).

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**References:**

Please provide the names and phone numbers of three references: at least one professor familiar with your academic work; an employer (if possible); and a character reference.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_

*I affirm that the information given in this application is true.*

Signature: \_\_\_\_\_

Date:

Please mail, fax or email completed application to:

**CERA Society**  
**644 Poirier Street**  
**Coquitlam BC**  
**V3J 6B1**

Fax: 604-931-3176 Email: [info@cerasociety.org](mailto:info@cerasociety.org)

For more information please call our office at 604-931-3165.