Washington State Department of
CHILDREN, YOUTH & FAMILIES

Child Welfare Internship/Volunteer Application

Legal First Name _____   Legal Last name _____

Nick Name *(also known as AKA)*_____

Email Address _____

Are you interested in being an intern or volunteer? ☐ Intern   ☐ Volunteer

Why are you interested in interning/volunteering with DCYF child welfare?

What DCYF child welfare programs are you most interested in? See the DCYF child welfare program section of our website at www.DCYF.wa.gov/jobs/intern-volunteer for additional information:

☐ CPS-Investigations   ☐ CPS-Family Assessment Repsonse   ☐ FVS-Family Voluntary Services
☐ CFWS-Adoptions   ☐ CFWS-Child Welfare Services   ☐ CFWS Extended Foster Care
☐ CFWS-Missing from Care

Preferred DCYF city/location to intern/volunteer _____

Enter the days and time you are available (*for example: M-W-f from 9 am to 3 pm and Tuesday from 1 pm to 9 pm)* _____

Volunteer Interests *(*Volunteers only)*
List: skills, interests, and hobbies

What types of volunteer roles interest you? Check all that apply.

☐ Transportation of child/youth – most utilized   ☐ Supervision of child/youth

☐ Other. Please describe _____

University or College (*Only required for Internships)

Name of University or College _____

University or College Location (*state abbreviation*) _____

Type of degree program   ☐ Masters   ☐ Bachelors   ☐ Associates

Requested start date of your internship _____ Projected completion date of your internship_____

Total hours required for your internship _____

Are you interested in a paid position in DCYF after your internship? ☐ Yes ☐ No ☐ Undecided

How did you hear about this program?

☐ DCYF Website ☐ DCYF Human Resources ☐ Friend/Family ☐ University/College

☐ Other: _____

Can you provide any additional information about how you heard about the program?

School Program Advisor Contact (*Only Required for Internships)

School Advisor Name _____   Email Address _____

Professional Reference

References Name _____   Relationship _____

Email Address _____

Previous Internship or Volunteer Experience

Signature

All Answers And Statements On This Application And Any Other Materials I Have Submitted To Apply For An Internship Or Volunteer Are True And Complete To The Best Of My Knowledge. I Understand That Dcyf May Verify This Information. Untruthful Or Misleading Answers Are Cause For Rejection Of This Application Or Dismissal If Registered As An Intern Or Volunteer.

Signature _____   Date _____