



## LEAPNOW Internship Application Packet

11640 Highway 128, Calistoga, CA 94515

Phone: 707-431-7265 Fax: 431-8479

internships@LEAPNOW.org

[www.LEAPNOW.org](http://www.LEAPNOW.org)

(08/2008 Revision)

Dear Applicant,

Thank you for your interest in LEAPNOW internships. This packet contains important information about the placement process, as well the application. Please take a few minutes to review the following information prior to completing the application.

LEAPNOW has made over 1500 individual internship placements since 1994. Our current offerings are opportunities that a) have been tested over time and through the participation of many previous volunteers and b) are communities and organizations that we feel can benefit from the time, energy, and creative resources that a volunteer brings.

Here is an outline of the placement process:

1. After reading about the internships on our website, tell us about yourself and indicate the internship(s) in which you are interested. To do this, submit the internship application, your resume, and the application fee of \$50. Payment can be made by check, MasterCard, or Visa.
2. Once we receive your application and fee, we will contact you for an interview. The interview is a 30-60 minute conversation that evaluates your preparation and goals. The objective of this conversation is to ascertain that the program to which you have applied is the best program for you. It is important that you have the necessary preparation to succeed in the internship you have chosen.
3. If LEAPNOW accepts you, we will contact the internship you have chosen and ensure that they can accommodate you. Following this, we will notify you of the result by telephone or email. Please note that we do not directly administer these internships; although we may recommend you to a sponsor, the organization decides which volunteers they will accept.
4. If the internship is NOT available, the application fee is refunded, or another internship considered.
5. If space IS available and you accept the internship, you should submit the remainder of the placement fee (\$700). We will confirm your participation with the sponsor. If YOU choose NOT to accept an internship that is available to you, the application fee will not be refunded.
6. Once you have accepted an internship, we will provide you the full contact information so that you can make the necessary arrangements to prepare for and travel to your internship. Please note that, in order to protect our relationship with these organizations, we cannot give you full contact information prior to payment of the placement fee.

7. Once you have accepted an internship, the placement fee is non-refundable.
8. You will be responsible for making transportation arrangements, getting visas and immunizations, and paying for any further program costs, including room and board, medical care, and other personal expenses.

If you are interested in receiving **college credit** for your internship, we are happy to suggest possibilities to you.

As you are responsible for independently preparing for and traveling to your internship, it is important to understand that these internships are designed for the independent traveler. They are most appropriate for the individual who wants the opportunity to step into the world and stand on her own two feet, while supporting a community or organization that truly can benefit from the time, energy, and creative resources that a volunteer brings.

If you prefer to travel with a group, we encourage you to visit our website and check out alternative programs. ONE REVOLUTION is a group program of travel and service in Guatemala, India and Swaziland. The program is bound together with three contemplative retreats that allow the inner growth to keep pace with the dramatic outer journey. This program brings together diverse group travel to three continents, individual internships, the inner journey, and the possibility of academic credit. We offer LEAPYEAR: a program that allows you to complete your first year of college while doing a group semester abroad, an individual internship, and four retreats on our campus in northern California. We also maintain a partnership with Carpe Diem International Education, which runs three-month group semesters in Central America, East Africa, India, and Australia/New Zealand/Fiji. Links to each of these programs can be found at [www.LEAPNOW.org](http://www.LEAPNOW.org).

Through our work and travel, we are reminded daily that we live in an incredible world – diverse cultures, exotic animals, and spectacular landscapes. We are also aware that that the world is rapidly transforming. There are fewer languages, less biodiversity, and more economic inequality. We encourage you to get out there and expand your world: make a contribution, learn a language, and challenge your present trajectory of transformation. Our staff will be honored to assist you on your journey.

Enthusiastically yours,

LEAPNOW Internship Staff



Lotte Mulder, International Internship Coordinator



Sam Bull, Executive Director

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Please fill out this application thoroughly and thoughtfully. This application, a telephone interview, and reference checks are the way we determine your fitness for an internship. We expect honest and detailed responses to these questions. We will call you to schedule the interview after we have received your completed application.

Please complete and mail, fax, or email the three pages that say "Internship Application," as well as the additional requested materials to us at:

**LEAPNOW, 11640 Highway 128, Calistoga, CA 94515**  
**Fax: 431-8479 Email: internships@LEAPNOW.org**

**Please attach  
a recent photo of yourself  
here. Any size will do.**

**If the photo is missing, your  
application is not complete.**

## PERSONAL AND CONTACT INFORMATION:

Your Name (as it appears on your passport) \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (present) \_\_\_\_\_

Address (permanent) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

The best method and time of day to contact you : \_\_\_\_\_

Preferred Internship(s): \_\_\_\_\_

Preferred Internship Dates: \_\_\_\_\_

Range of Time You Are Available: \_\_\_\_\_

### Please attach the following to your completed application:

- Resume including work experience**
- Cover letter indicating why you would like to do this internship and relevant qualifications**
- Application Fee**

The application fee for internships is \$50 and is non-refundable, unless the placement is unavailable. Please check off your mode of payment:

\_\_\_\_\_ I have enclosed a check for \$50 with my application, payable to "LEAPNOW, Inc."

\_\_\_\_\_ Please bill my VISA or MasterCard for \$50

Card #: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

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Primary Parent Name(s): \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

EMERGENCY CONTACT: If not your parent(s), whom should we contact in case of an emergency?

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Relationship to you \_\_\_\_\_

REFERENCES: Please give us the names and telephone numbers of 2 adults who know you well and who are not related to you. One must be a former teacher or employer.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about LEAPNOW? \_\_\_\_\_

### MEDICAL & HEALTH QUESTIONNAIRE:

Please answer the following questions by circling YES or NO. ***If you answer yes to any of them, please add another page to describe the situation or condition at greater length.*** We reserve the right to request further information and to speak with doctors, counselors, etc. All medical information and personal disclosure will be kept strictly confidential.

1. Have you ever been asked to leave school or a previous program? \_\_\_\_\_ YES NO
2. Do you have any physical, psychological, or chronic conditions that limit your participation in any physical activities? \_\_\_\_\_ YES NO
3. Do you have any allergies? \_\_\_\_\_ YES NO
4. Do you have any special dietary needs or restrictions? \_\_\_\_\_ YES NO
5. Do you take medications for any health or psychological conditions? \_\_\_\_\_ YES NO
6. Do you use alcohol? \_\_\_\_\_ YES NO
7. Do you use drugs? \_\_\_\_\_ YES NO
8. Do you smoke or use chewing tobacco? \_\_\_\_\_ YES NO
9. Have you been treated for a psychological condition in the past 3 years? \_\_\_\_\_ YES NO
10. Have you been or are you currently being treated for substance abuse? \_\_\_\_\_ YES NO
11. Have you been convicted of a crime within the past 3 years? \_\_\_\_\_ YES NO
12. Have you been hospitalized in the past 5 years? \_\_\_\_\_ YES NO
13. Are you UNable to swim? \_\_\_\_\_ YES NO

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14. Do you have or have you ever had any of the following?

Learning Disability or ADD? _____	YES	NO
Epilepsy? _____	YES	NO
Diabetes? _____	YES	NO
Asthma? _____	YES	NO
Heart or Lung Disease? _____	YES	NO
Hepatitis or Jaundice? _____	YES	NO
Intestinal Problems? _____	YES	NO
Joint or Back Problems? _____	YES	NO
Clinical Depression or Eating Disorder? _____	YES	NO

### LIABILITY WAIVER:

I take full responsibility for my medical, psychological, and physical condition for the duration of my LEAPNOW internship. I am unaware of any further medical, psychological, and physical problems that might inhibit my ability to successfully complete an internship. I understand that if I withhold vital information about myself in my application, I may be asked to leave my internship.

I have read and understood this letter and would like LEAPNOW to set up one internship for me. Regarding payment of the placement fee, I understand that LEAPNOW agrees to make one internship placement on my behalf. I understand that the application fee of \$50 is nonrefundable, unless LEAPNOW is unable to make a placement for me. I further understand that once I accept an internship, the placement fee of \$700 is nonrefundable. I understand that the placement fee does not cover any expenses related to travel for or participation in internships arranged by LEAPNOW, all of which are my sole responsibility.

I acknowledge and assume the risks associated with travel for and participation in programs arranged by LEAPNOW, having made independent inquiry about associated risks as I deem reasonable. I release LEAPNOW and all its personnel from all claims, liability, and expenses relating in any manner to property damage, illness, or personal injury experienced while traveling for or participating in internships arranged by LEAPNOW.

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

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

Parent's Signature \_\_\_\_\_  
(required if intern applicant is under 18 years of age)