



## House of Renewed Hope Internship Application Form

Please complete and return this form to [hrenewedhope@gmail.com](mailto:hrenewedhope@gmail.com)

*This internship requires students to read over criminal cases, research information, provide written summaries and notes, have discussions with other interns, and attend meetings as needed. Occasional travel may be required to visit inmates in prison. Are you interested in this type of internship?* ☐ Yes ☐ No

How did you hear about HRH? ☐ Website ☐ Social Media ☐ Family/Friend ☐ Professor

☐ Other: \_\_\_\_\_

### Personal Information:

Last Name, First Name, Middle Initial:	Date of Birth:
Address (Include City, State, & Zip):	Mobile Number:
Email Address:	Hobbies:

### Education:

Name of college attending or graduated from:	Major field of Study/Degree:
Name of college attending or graduated from:	Major field of Study/Degree:

### Emergency Contact Information:

Emergency Contact Name & Phone Number	Emergency Contact Name & Phone Number
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**Internship Class Professor:**

Name, Email, & Phone Number

**Answer all questions to the best of your ability.**

Why are you interested in an internship with House of Renewed Hope?

What are some common causes for wrongful convictions?

If selected for an internship, how will you further the mission and goals of House of Renewed Hope?

Most of our clients or potential clients are located 1- 3 hours away from Dallas, TX. Our internship students usually travel once a month. Will you be able to travel with the organization if needed? ☐ Yes ☐ No (please explain below)

If you are currently enrolled in school or employed, please list your class schedule and your availability.



Have you had any criminal convictions within the last 7 years? ☐ Yes (please explain below) ☐ No

Are you willing to complete a background check if asked? ☐ Yes ☐ No

**Confidentiality:**

I hereby agree, while serving as an intern for House of Renewed Hope (“HRH”), that I will represent HRH in my actions and deeds. I will hold confidential, all communications, observations and information made by, between or about clients. This includes all client services, recordings, cases, administrative records, computer records, including all logs/records resulting from telephone conversations, or any other work product of staff or volunteers related to clients. I hereby agree that I am bound by this confidentiality agreement upon leaving my services as a volunteer for HRH and there ever after.

**Photo Release:**

I authorize HRH to photograph, videotape, or otherwise use my name and likeness in picture(s), video, or other media as part of documenting an event or workday. I irrevocably relinquish and give to HRH all right, title, and interest that I may have in the finished pictures, negatives, reproductions, film, tape, and copies of the original films, video, prints, and negatives, and further grant HRH the right to give, sell, transfer, and exhibit the negative, original print, film, video, and copies of facsimiles thereof, for advertising and or promotional purpose, to any individual, business firm, or publication, or to any of their assignees.

I have read and understand the above and acknowledge that by dating this form, I am waiving certain legal rights in the event of injury. I accept and agree to the terms contained above.

\_\_\_\_\_ (add initials).

\_\_\_\_\_  
Intern’s Signature

\_\_\_\_\_  
Date