



**VOLUNTEERS OF AMERICA ILLINOIS  
SERVICE & SUPPORT CLINIC  
VOLUNTEER PARALEGAL INTERNSHIPS PROGRAM**

**VOLUNTEER INTERNSHIP APPLICATION**

Name: \_\_\_\_\_  
First Name Middle Name or Initial Last Name Suffix

Address: \_\_\_\_\_  
Home Address (Do NOT list a PO Box) Apartment or Suite Number  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Cell Phone Home Phone Other Phone

Email: \_\_\_\_\_  
School Email Address Personal Email Address

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_  
First Name Middle Name or Initial Last Name Suffix

Address: \_\_\_\_\_  
Home Address (Do NOT list a PO Box) Apartment or Suite Number  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Cell Phone Home Phone Other Phone

Email: \_\_\_\_\_  
Email Address Relationship to Applicant

**Previous Internship Experience**

Have you ever applied or held an internship position at Volunteers of America Illinois?  
Yes ☐ No ☐ If yes, please indicate the date(s), location(s), and supervisor(s) below.

Semester(s)/Date(s)	Location/Office	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever held an internship position at another organization? Yes ☐ No ☐ If yes, please list the dates, name, and the duties performed during your internship below:

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Are you currently employed? Yes ☐ No ☐ If yes, please list the name and address of your employer, and the duties performed below:

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### Semester and Schedule Preference

Please indicate what semester you are applying for and enter your hours of availability for each day of the week (if you are not available on a certain day, leave that day blank).

(Example: Monday: 8:30 a.m. to 4:30 p.m.)

☐ Summer (Jun 5 - Aug 10) ☐ Fall (Aug 22 - Dec 16) ☐ Spring (Jan 17 - May 17)

MONDAY	to
TUESDAY	to
WEDNESDAY	to
THURSDAY	to
FRIDAY	to

While we will do everything in our power to accommodate your schedule, we cannot guarantee the days and times you have preference above will be your working schedule within the clinic.

In the space below, please provide any expected dates you will not be available due to preexisting obligations. We encourage you to include Midterm and Final Exam dates.

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### Educational Information

Do you currently attend Elgin Community College and are majoring in Paralegal Studies?

Yes ☐ No ☐

If Yes, when is your expected Graduation Date? \_\_\_\_\_

If No, when did you graduate? \_\_\_\_\_

Which of the following classes have you completed in ECC's Paralegal Studies Program?

☐ PAR 101  
Introduction to Law

☐ PAR 108  
Family Law

☐ PAR 201  
Civil Litigation

☐ PAR 203  
Real Property Law

☐ PAR 204  
Legal Research

☐ PAR 205  
Wills, Trusts, & Probate

☐ PAR 206  
Legal Writing

☐ PAR 207  
Criminal Law Procedure

☐ PAR 223  
Business Entity Formation

☐ PAR 237  
Paralegal Special Topics

How will or have you received your Associate Degree in line with your Paralegal Certificate?

☐ AA + BVS

☐ BVS

If you selected BVS only, where did you receive your Associate or Bachelor's Degree?

College or University: \_\_\_\_\_

### Special Skills

Languages Spoken Fluently: ☐ Spanish ☐ Others: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Please indicate if you are proficient with any of the following computer applications:

☐ Word

☐ Excel

☐ Outlook

☐ PowerPoint

☐ SharePoint

☐ OneDrive

☐ Teams

☐ LexisNexis

☐ Westlaw

☐ Clio

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email your application to [internships@sosnowskilaw.com](mailto:internships@sosnowskilaw.com).