MODESTO JUNIOR COLLEGE EARLY CARE AND EDUCATION
MJC TODDLER LABORATORY-SALIDA EARLY HEAD START PROGRAM

One Year INTERNSHIP

MJC Early Care and Education Toddler Lab - Salida Early Head Start Program is now accepting applications for interns to work directly with children, students, families, and the lab instructor. A commitment of three semesters, Summer, Fall and Spring, is being requested.

CLDDV-127, Toddler Practicum: see days of week below

- Gain experience providing care to toddlers between the ages of 18 – 36 months of age
- Gain hours toward your permit
- Gain experience providing mentoring to practicum students
- Work side-by-side with the Lab instructor
- Receive specialized Head Start and best practice training through Salida Head Start and SCOE's required and optional trainings
- Enhance skills in developing consistent, stable, and supportive relationships with toddlers and their families
- Enhance skills in toddler development, safety issues with toddler care, and methods of communicating effectively with toddlers, their families, and other staff members
- Working together with families to identify each child’s needs, emotionally, socially, cognitively and physically to assist in promoting parenting skills

**FALL 2014**
September - December (15 wks)
Tuesday, Thursday 7:15 a.m. – 11:50 a.m.
Tuesday 12:00 p.m. - 1:05 p.m.

**SPRING 2015**
January – April (15 weeks)
Tuesday, Thursday 7:15 a.m. – 11:50 a.m.
Tuesday 12:00 p.m. - 1:05 p.m.

**SUMMER 2015 TBD**

If interested: submit your application with a letter of interest and your resume to Muir Hall 157, West Campus

Contact any of the following for additional information:
Colleen Norby, 575-6343
Cheryl Williams-Jackson, williamsjacksonC@mjc.edu
Linda Stephan, stephanL@mjc.edu

Visit our website: http://www.mjc.edu/fcs
APPLICATION FORM

Legal Last Name __________________________________________ First Name ________________________________
Mailing Address ____________________________________________________________________________________
City __________________________ Zip ________________________________________________________________
Physical Address (if different from mailing) ____________________________________________________________________________________
City __________________________ Zip ________________________________________________________________
Phone __________________________ Cell Phone Number __________________________
Student E-Mail address __________________________________________________________
Personal Email address __________________________________________________________

Personal and Professional References:

Name __________________________________________ Phone __________________________________________
Email __________________________________________
Name __________________________________________ Phone __________________________________________
Email __________________________________________

Languages Spoken __________________________________ Languages Written __________________________

Please answer the following:
1. Have you ever been convicted of a felony? ☐ Yes ☐ No
   If yes, please identify the date & nature of the offense: __________________________________________

2. Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No
   If yes, please identify the date & nature of the offense: __________________________________________

3. Which one of the following practica did you complete?
   ☐ Infant/Toddler (127) ☐ Preschool (128) ☐ Early Intervention (126) ☐ Other

I certify under penalty of perjury that the foregoing statements are true and correct. I understand that by disclosing a prior criminal history, I may be required to undergo a state criminal history clearance/background check through the State of California Department of Justice and administrative approval. Furthermore, I understand that any fees associated with this clearance process are my responsibility.

Applicant’s Signature ___________________________ Date __________________________

How did you hear about this Toddler Internship program? __________________________________________
Referred by: __________________________________ Relationship __________________________

For official college use:
Reviewed by: ________________________ Initials __________ Date ________________ Action Taken __________________________

Received: