

VOLUNTEER OR STUDENT INTERN APPLICATION

Printed Name:		Date:				
Address:						
City & Zip Code:						
Home Phone:		Work Phone:		Cell:		
E-mail address:						
In Case of Emergency, please notify: Name & Relationship:				Phone #:		
Physician Info Doctor's Name:				Phone #:		
High School or G.E.D. Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Other Education Background:						
School Name		Major		Degree/Certificate/License obtained		
Work Experience (May attach a resume instead):						
Date	Job Title/Duties			Company Name		
Type of Volunteer/ Student Intern work desired:						
Special Interests and Skills:						
What do you hope to gain through your volunteer/intern experience?						
Please indicate below the days and times you are available to volunteer:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning						
Afternoon						

Are you at least 18 years old? YES: NO:

Driver License # _____ State _____ Class _____ Expiration _____

Do you have authorization to work in United States? YES : NO:

REFERENCES: Related to your volunteer or professional experience or personal friends.

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Eligibility Requirements:

- A. Volunteer/intern applicant will need to submit a criminal background check (live-scan) upon an offer of a volunteer/ internship position. Applicant with past offense, including misdemeanor conviction, will not be accepted.
- B. Must be able to show proof of authorization to work in the United States.
- C. If position requires driving, applicant must submit valid driver's license, current auto insurance, and DMV official driving record.

SIGNATURE: My signature affirms that all information on this application is true to the best of my knowledge and belief.

Signature _____ Date _____

For official use only:		
Picture for ID Badge:	DOJ Clearance Date:	Possible Placement: