

Volunteer / Internship Application

Personal Information

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Cell)

Areas of interest: _____

Referred by: _____

License(s)/Certifications: _____

Other skills: _____

Drivers License #: _____ Expiration Date: _____ State: _____

Social Security Number: _____

School	Name & Address of School	Course of Study	Did you graduate?	List diploma or degree
High				
College				
Other (specify)				

List Present and Most Recent Employers

Company Name: _____ Phone: _____

Address: _____ Employed from: _____ to _____

Job Title: _____

Name of Supervisor/Title: _____

Describe your work: _____

Company Name: _____ Phone: _____

Address: _____ Employed from: _____ to _____

Job Title: _____

Name of Supervisor/Title: _____

Describe your work: _____

References

Do Not Include Family Members

List the name, address, and phone numbers of two individuals for whom you are currently working or have worked for in the past who would be able to tell us about your job performance.

Name	Address	Job Title	Phone Number

List the name, address, and phone numbers of two individuals who would be personal references.

Name	Address	Job Title	Phone Number

PLEASE READ BEFORE SIGNING

IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK THEM OF THE HUMAN RESOURCES MANAGER BEFORE SIGNING.

THIS AGENCY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR STATUS WITHIN ANY OTHER PROTECTED GROUP. NO QUESTIONS ON THIS APPLICATION ARE INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

THIS APPLICATION WILL BE GIVEN ANY CONSIDERATION, BUT OUR RECEIPT OF IT DOES NOT IMPLY THAT YOU WILL BE OFFERED AN INTERNSHIP/VOLUNTEER OPPORTUNITY.

BY SIGNING YOUR NAME BELOW, YOU CERTIFY THAT ALL STATEMENTS MADE BY YOU ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE AND THAT YOU UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR REJECTION, OR MAY BE CAUSE FOR SUBSEQUENT TERMINATION OF INTERNSHIP/VOLUNTEER SERVICES.

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICAITON OR IN THE INTERVIEW PROCESS IS INTENDED TO CREATE A CONTRACT BETWEEN THE AGENCY AND YOU. SHOULD THIS APPLICATION RESULT IN YOUR SERVICES, YOU HAVE THE RIGHT TO TERMINATE THESE SERVICES AT ANY TIME AND FOR ANY REASON AND THE AGENCY RETAINS A SIMILAR RIGHT.

BY SIGNING YOUR NAME BELOW, YOU AUTHORIZE AND CONSENT TO THE DISCLOSURE OF INFORMATION REGARDING REFERENCES, EMPLOYMENT VERIFICATION, AND BACKGROUND CHECKS.

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND THAT IF OFFERED A VOLUNTEER OPPORTUNITY/INTERNSHIP, YOU WILL BE SUBJECT TO CRIMINAL BACKGROUND CHECK, AND MAY BE SUBJECT TO FINGERPRINTING. THE RESULTS OF SUCH SCREENINGS WILL BE A CONDITION OF CONTINUED VOLUNTEER SERVICES/INTERNSHIP WITH OUR AGENCY.

SIGNATURE OF APPLICANT

DATE