

COLLEGE and/or VOCATIONAL SCHOOL:

Name of School: _____	City/State: _____
Number of Years Completed: (circle one) 1	2 3 4
Major: _____	Degree(s) Earned: _____
Name of School: _____	City/State: _____
Number of Years Completed: (circle one) 1	2 3 4
Major: _____	

INTERNSHIP EXPERIENCE:

Previous Internship Service (explain): From: _____ To: _____

Additional Internship Service (explain): From: _____ To: _____

AVAILABILITY:

Days of the week and times you are available to volunteer (please circle all that apply):

Monday:	Morning (8:00 – 12:00)	Afternoon (12:00 – 4:00)
Tuesday:	Morning (8:00 – 12:00)	Afternoon (12:00 – 4:00)
Wednesday:	Morning (8:00 – 12:00)	Afternoon (12:00 – 4:00)
Thursday:	Morning (8:00 – 12:00)	Afternoon (12:00 – 4:00)
Friday:	Morning (8:00 – 12:00)	Afternoon (12:00 – 4:00)

How did you hear about our organization?

What would you like to gain from your internship?

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? _____ Yes _____ No
If any employment was under a different name, please indicate that name: _____

1.) Employer: _____
Address: _____

Telephone Number: _____ D.O.E.: From: _____ To _____
Mo./Yr. Mo./Yr.
Position Held: _____ Department: _____
Salary: Beginning: _____ Ending: _____
Duties: _____

Reason for Leaving: _____

2.) Employer: _____
Address: _____

Telephone Number: _____ D.O.E.: From: _____ To _____
Mo./Yr. Mo./Yr.
Position Held: _____ Department: _____
Salary: Beginning: _____ Ending: _____
Duties: _____

Reason for Leaving: _____

OTHER TRAINING OR DEGREES: NONE _____
Name of school: _____ City/State: _____
Course(s): _____
Degree(s) or Certificates Earned: _____

PROFESSIONAL LICENSE OR MEMBERSHIP: NONE: _____
Type of License/Certification Held: _____
License Number: _____ License Expiration Date: _____
State(s) which license is/are held: _____

Type of License/Certification Held: _____
License Number: _____ License Expiration Date: _____
State(s) which license/certification is/are held: _____

Other Professional Memberships:

REFERENCES

- 1.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

- 2.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

- 3.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

Indicate what foreign languages you speak, read and/or write

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

RECORD OF CONVICTION:

During the last seven years, have you ever been convicted of a crime other than minor traffic offense? _____ Yes _____ No

If yes, please describe in full:

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date