

Volunteer/Intern Application

Personal Information

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (home) _____ (work/cell) _____
 E-mail: _____ Occupation: _____
 Employer: _____ Dates: _____
 Most Recent Education: _____
 Age, if under 18: _____ Are you a student? If so, where? _____

Volunteer Opportunities

Please check all that interest you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Summer Camps | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Elementary After-School | <input type="checkbox"/> New Arrivals | <input type="checkbox"/> Fix-it/Maintenance |
| <input type="checkbox"/> Middle School Drop-In | <input type="checkbox"/> Admin./Clerical/Mailings | <input type="checkbox"/> Special Projects/Trips |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Special Events | |

How did you hear about the Center? _____

Why do you want to volunteer with the Center? _____

When are you available? (check all that apply) **Date you can start:** _____

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Weekday Morning | <input type="checkbox"/> Weekday Afternoon | <input type="checkbox"/> Weekday Evening | <input type="checkbox"/> Weekends |
| hours avail. _____ | hours avail. _____ | hours avail. _____ | hours avail. _____ |

Does this fill an internship requirement? Yes No **If yes, please complete the following:**

School Name: _____ Major/Minor: _____

Department: _____ Advisor: _____

Phone: _____ E-mail: _____

Number of hours required: _____

What kind of supervision will you require? (evaluations, weekly meetings, etc.) _____

Schedule limitations: _____

Are there any skills, hobbies, or experiences you would like to share with the Center or its constituents? (for example gardening, cooking, computer skills, design, arts & crafts, etc.)

References

Please list three (3) people (not related to you) whom you have known for at least one (1) year that we may contact.

- 1. Name: _____ Relationship: _____
Phone: _____ E-mail: _____
- 2. Name: _____ Relationship: _____
Phone: _____ E-mail: _____
- 3. Name: _____ Relationship: _____
Phone: _____ E-mail: _____

Emergency Contact Information

In case of emergency, notify the following people:

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

Criminal Background Check Consent

Have you ever been convicted of a felony or a misdemeanor within the last 5 years? _____

I understand that in order to work at the Sara Holbrook Community Center, a background check must be performed.

Applicant's Signature: _____ Date: _____

Photo Consent

YES

I hereby irrevocably give my consent to Sara Holbrook Community Center and to such other persons as they may designate, to use my name, verbal statements and portrait or picture (motion or still) for public relations, advertising purposes or for any lawful purpose whatever, in any media now know or hereafter developed. My signature on this form means I have read this paragraph or had it explained to me in a language I can understand.

Applicant's Signature: _____ Date: _____

NO

I do not give permission to the Sara Holbrook Community Center to have photographs or audio/video recordings of me.

Applicant's Signature: _____ Date: _____

Signature

I, the undersigned, certify that the information specified above is true to the best of my knowledge.

Signature

Date