

# Volunteer/Intern Application

Application Date: \_\_\_\_\_

Volunteer/Intern Position Sought: \_\_\_\_\_

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## Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\* Some applicants may have to have a criminal background check.

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## Employment

Current Employer, if applicable: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievements?

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Why do you want to volunteer/Intern for SNCS?

\_\_\_\_\_

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Please describe your prior volunteer experience (Include organization names and dates of service)

\_\_\_\_\_

\_\_\_\_\_

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Please circle and note any qualifications/skills, experience/education that would help you in your volunteer work

Public Relations	Marketing	Customer Service	Graphic Design
Teaching	Mentoring/Tutoring	Education	Computers
Distribution	Foreign Language (list languages _____)		
Sign Language	Receptionist	Librarian	Hospitality Industry
Youth recreation	Child Abuse Prevention	Advocacy	
Retail	Other (please list _____)		

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Do you have a driver's license?

Do you have car insurance?

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**References:** Please list three people who know you well and can attest to your character, skill, and dependability. Include your current or last employer.

	Name/Organization	Relationship to you	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Please read the following carefully before signing this application:

I certify that I have and will provide information through the selection process, including on this application for a volunteer/intern position and in interviews with SNCS this are true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by SNCS. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer/intern position with SNCS or my termination as a volunteer/intern.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If applicant for volunteering/internship is under the age of eighteen (18) years of age, please have the parent/guardian sign below acknowledging and for authorization purposes.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Print name and state relationship to the minor