

VOLUNTEER INTERNSHIP APPLICATION

Please read carefully and complete by printing in ink or typing.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

In case of emergency notify _____ Phone: _____

If volunteering to earn credits for a class, please provide Contact Information for your Instructor below:

School: _____ Name: _____ E-mail: _____

Hours needed to complete course requirements: _____ Date Hours need to be completed: _____

When would you like to start? _____

What dates/times are you available? _____

What age Children would you prefer to work with? _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Have you completed First Aide Training? 0 No 0 Yes When? _____

Have you completed CPR Training? 0 No 0 Yes When? _____

How would you describe your general health? _____

Have you ever been convicted of a crime or felony? 0 No 0 Yes _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed.

Applicant's Signature _____ Date _____