



APPLICATION TO BE A VOLUNTEER/INTERN

Please Print

1. INSTRUCTIONS

PLEASE COMPLETE SECTIONS, 2, 5 and 7 BELOW. SECTIONS 3, 4 (Required for an Internship) and 6 ARE OPTIONAL, HOWEVER COMPLETING THESE SECTIONS WILL ASSIST US IN BEST UTILIZING YOUR EDUCATION AND SKILLS.

2. APPLICANT INFORMATION

Which department would you like to Volunteer for:

Special Events Farm Administrative School Internship

Full Name:

Date:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ()

E-mail Address:

Cell Phone:

Date available:

Are you under the age of 18?

YES

NO

(NOTE: If under 18, volunteer will need guardian signature on application)

Have you ever worked for this company?

YES

NO

If yes, when?

Please list any relatives or friends who are employed at this work site and their relationship to you:

List other organizations that you have volunteered for:

Are there any days or hours you cannot volunteer? Yes No If yes, explain

How many hours are you looking to work in month?

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.)

YES

NO

Do you have any pending criminal charges:

YES

NO

If yes, provide details including dates:

PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

3. SKILLS AND QUALIFICATIONS (OPTIONAL)

Summarize any training, skills, licenses, and/or certificates that may assist us placing you in volunteer position that will best utilize your skills/abilities:



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Other Languages: (Please indicate if read, written or spoken.)

4. EDUCATION (OPTIONAL EXCEPT IF APPLYING FOR AN INTERNSHIP)

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

5. REFERENCES

Please list three individuals, not relatives whom you have known at least one (1) year.

Full Name: _____ Years Known: _____

Phone: ()

Address: _____

Full Name: _____ Years Known: _____

Phone: ()

Address: _____

Full Name: _____ Years Known: _____

Phone: ()

Address: _____

6. PREVIOUS EMPLOYMENT OR ORGANIZATIONS WHERE YOU HAVE BEEN A VOLUNTEER (OPTIONAL)

Company: _____ Phone: ()

Job Title: _____ From: _____ To: _____

Company: _____ Phone: ()

Job Title: _____ From: _____ To: _____



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Company: _____ Phone: () _____

Job Title: _____ From: _____ To: _____

7. EMERGENCY CONTACT INFORMATION

Please list an individual who we should contact in case of an emergency:

Full Name: _____ Relationship: _____

Cell _____

Phone: () _____

Address: _____

If Volunteer is under the age of 18 a parent or legal guardian must sign.

APPLICANT SIGNATURE:

Signature: _____ Date: _____

Guardian's Signature _____ Date: _____ (Required for volunteers under 18 years old)