

INTERNSHIP/VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

Birth Date: _____ Phone: _____

Email _____

Address: _____ Zip Code: _____

Total hours available a week: _____ Total hours needed (If applies): _____

Days/times available Monday-Thursday: _____

For ESL program, the days and hours are: Tues & Thurs 9:30-11:30AM or 6:00-7:30PM.

*** MUST BE AVAILABLE BOTH DAYS EITHER IN THE MORNING OR EVENING FOR THE SEMESTER.**

Start date available: _____ End date if known: _____

Interest Area: _____

Past Experience: _____

Professional References

	Name	Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Additional Information:

1. What is your reason for seeking to volunteer here?

2. What special skills, talents, gifts or personality traits would you bring to this ministry?

Emergency contact: Name: _____

Phone number: _____ Relationship to you: _____

FOR OFFICE USE ONLY

Background Check done by: _____ **Date:** _____

Start Date: _____