

## **VOLUNTEER / INTERNSHIP APPLICATION**

## PLEASE PRINT ANSWERS OR CIRCLE CHOICE AS APPROPRIATE

NAME						
	LAST		FIRST	MIDDLE		
A DDDDGG						
ADDRESS	STREET		CITY	STATE	ZIP	
	SIRELI		CITI	SIAIL	ZII	
PHONE #'S						
	DAY	EVENING	CELLULAR			
E-MAIL						
Are you 18 or older	?? Yes No					
The you to or older	10 10					
Have you worked f	or The Arc in any cap	pacity (employee / inte	ern / volunteer) before	? Yes	No	
<i>y</i>	, , , , , , , , , , , , , , , , , , ,	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	
If yes, indicate position(s) held and dates you worked for The Arc:						
	. ,	•				
Do you have a valid Driver's License? YES NO						
If you are a student, what school do you attend and what is your						
major?						
Why are you interested in volunteering with The Arc?						
The state of the s						
	railable for these days:		T			
Monday	Tuesday	Wednesday	Thursday	Fri	iday	

If you are inquiring about an internship please list:							
Date you can start the internship:							
Date you need to complete the internship:							
Number of hours you need to complete for the internship:							
Referring college or university:							
Please summarize skills, experience (paid and/or volunteer), and training that you possess related to							
Human Services.							
	Emergency Contact Information						
<b>Emergency Contact Information</b>							
NAME	RELATIONSHIP	PHONE #					
1)							
2)							
Applicant Signature							
I authorize investigation of all statements on this application as is necessary in arriving at an employment decision.							
I understand that misrepresentation or omission of facts called for is cause for immediate termination.							
SIGNATURE OF APPLICANT	DATE						
DIGITION OF THE LICENT	DITTE						