



VOLUNTEER OR STUDENT INTERN APPLICATION

Department of
Child, Family and Adult
Services

Please complete in ink or on a computer using Adobe Acrobat Reader

Printed Name:					Date:	
Address:						
City & Zip Code:						
Home Phone:		Work Phone:		Cell:		
E-mail address:						
In Case of Emergency, please notify: Name & Relationship:					Phone #:	
Physician Info Doctor's Name:					Phone #:	
High School or G.E.D. Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Other Education Background:						
School Name	Major		Degree/Certificate/License obtained			
Work Experience (May attach a resume instead):						
Date	Job Title/Duties			Company Name		
Type of Volunteer/ Student Intern work desired:						
Special Interests and Skills:						
What do you hope to gain through your volunteer/intern experience?						
Please indicate below the days and times you are available to volunteer:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning						
Afternoon						

Are you at least 18 years old? YES No
Driver License # _____ State _____ Class _____ Expiration _____
Do you have authorization to work in United States? Yes No

REFERENCES: Related to your volunteer or professional experience or personal friends.

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Eligibility Requirements:

- A. Volunteer/intern applicant will need to submit a criminal background check (live-scan) upon an offer of a volunteer/ internship position. Applicant with past offense, including misdemeanor conviction will not be accepted.
- B. Must be able to show proof of authorization to work in the United States.
- C. If position requires driving, applicant must submit valid driver's license, current auto insurance, and DMV official driving record.

SIGNATURE: My signature affirms that all information on this application is true to the best of my knowledge and belief.

Signature _____ Date _____

For official use only:		
Picture for ID Badge:	DOJ Clearance Date:	Possible Placement:

3/13/2019 Ver.