



# VOLUNTEER OR STUDENT INTERN APPLICATION

Department of  
Child, Family and Adult  
Services

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

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

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 \_\_\_\_\_

<b>For official use only:</b>		
Picture for ID Badge:	DOJ Clearance Date:	Possible Placement:

3/2019 Ver.