



Volunteer/Internship Application

Name: _____
Last Middle First

Address: _____
Street City State Zip

Telephone Number(s): (____)_____ E-Mail: _____

Best time to call you is: _____AM/PM

Are you over the age of 18 and eligible to work in the U.S.? Yes No

Have you ever filed an application with us before? If yes, please give date: _____ Yes No

How many hours per week would you be available and during what time? _____

EDUCATION	Name of School	Course of Study	# of Years completed	Diploma
High School:	_____	_____	_____	_____
College/Univ.:	_____	_____	_____	_____
Grad/Prof.:	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____

ADDITIONAL INFORMATION

Provide any additional information that you feel may be helpful to us in considering your application, including any related work or volunteer experience with youth and their families.

Why would you like to volunteer/intern with the Office on Youth?

Which programs are of the most interest to you? _____

REFERENCES (Please do not include family members)

Name	Phone	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT'S STATEMENT

I certify that answers provided herein are true and complete. I authorize investigation of all statements contained in this application. I understand that false or misleading information provided in my application or interview may result in dismissal. I understand, also, that I am required to abide by all rules and regulations of the agency and that a background check and drug test may be required.

Signature of Applicant

Date