

**VOLUNTEER/INTERN APPLICATION PACKET**

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (FOR BACKGROUND CHECK)

APPLICANT'S SCHOOL: \_\_\_\_\_

APPLICANT'S PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

DATE AVAILABLE TO START INTERNSHIP: \_\_\_\_\_

DAYS OF THE WEEK YOU ARE AVAILABLE (CHECK):    M    T    W    TH    F

HOURS YOU WILL BE AVAILBALE:

(MORNING) 8-12

(AFTERNOON) 12-4

(BOTH) 8-4

**WHY ARE YOU INTERESTED IN THIS INTERNSHIP?**

**WHAT DO YOU HOPE TO LEARN/GAIN FROM THIS INTERNSHIP?**