

# Volunteer/Intern Application

Date: \_\_\_\_\_

## Personal Background

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Education & Experience

School Attended	Name/Location	Highest Level Completed	Course of Study	Diploma or Degree (Y/N)
High School				
College				
Other				

Another Volunteer/Intern Experience: \_\_\_\_\_

How did you become interested in volunteering/interning for the Family Support Center?

\_\_\_\_\_

Do you have any physical limitations that should be considered in arranging volunteer/intern assignments?

\_\_\_\_\_

## **AVALIABILITY**

What days/times are you available? \_\_\_\_\_

Total hours a week you are wishing to volunteer/intern: \_\_\_\_\_

Are you volunteering/interning for a class? Yes No If yes, total hours required: \_\_\_\_\_

Name of Class: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

## Volunteer/Intern Opportunities

What opportunity are you interested in? \_\_\_\_\_ Child Care Volunteer/Intern \_\_\_\_\_

Special Projects Volunteer/Intern \_\_\_\_\_ other: \_\_\_\_\_

**Please Read Carefully and Sign Below:**

I hereby certify that the information provided on this application is true and complete. I hereby authorize the Family Support Center of Washington County to check my educational and personal references. I understand that an FBI Criminal Background check will be required yearly as long as I remain a volunteer/intern of the Family Support Center.

The Family Support Center of Washington County makes every effort to provide "Reasonable Accommodations" to ensure that no person on the grounds of race, nationality, sex, or handicap be excluded from participating in program services or be subject to discrimination under activities sponsored by this program/agency. The Family Support Center of Washington County will comply with all anti-discrimination statutes enacted by the State of Utah.

I understand that as a volunteer/intern I can terminate my relationship with the Family Support Center of Washington County at any time and for any reason and that the Family Support Center of Washington County has that same right.

Signature of Volunteer/Intern \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_