

Family Support Circle, Inc. (FSC) Volunteer/Internship Application Form

Please complete and submit the volunteer Application form below. We appreciate your interest and look forward to your joining our team. If you have any questions or comments about the volunteer program, please email: info@familysupportcircle.org, ATTN: Volunteer and Internship Program.

Personal Information

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____ E-mail Address: _____

IF APPLICANT IS UNDER 18:

Parent/Guardian: _____

Relationship to Child: _____ Home #: _____ Cell: _____

E-mail: _____

Place of Employment (Applicant and/or Parent/Guardian): _____ Wk Ph#: _____

I have been provided with my own **VOLUNTEER HANDBOOK** policies and Guidelines.
I have read, understand, had opportunity to ask questions on, and agree to all policies/procedures contain therein.

Parent/Guardian Signature_____
Date_____
Printed NameHave you previously been employed or volunteered at a Non Profit Organization? **YES NO**

If yes, when and where? _____

Answer the following if applicable:

Position(s) for which you are applying _____

Term(s):

___ Summer (June through July) ___ Fall (August through December) ___ Spring (January through May)

Will you be available for:

___ Full-time, 35 hrs/week ___ Part-time, 10 to 20 hrs/week

Days available: (Please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Internship Information:

College or University: _____ Major/Concentration: _____

Degree awarded or working toward: _____

Number of semesters completed: _____ Anticipated graduation date: _____

Will you seek academic credit for this internship? (circle) **YES NO**

If seeking academic credit, interns are responsible for obtaining and meeting their specific program requirements. Family Support Circle (FSC) will provide necessary documentation for credit upon request.

Please provide contact information, if any, for your academic advisor.

Name: _____ Phone Number: _____

Internship Application Form...page 2.

List any special skills, interests, and/or training:

Background or experience:

- | | | |
|--|--|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Education | <input type="checkbox"/> Promotion | <input type="checkbox"/> Research |
| <input type="checkbox"/> Internet/Web Design | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Writing/Arts |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Clerical/Administrative | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Other _____ | |

References:

Please provide two professional references. Do not list friends or relatives.

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long have you known this reference? _____

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long have you known this reference? _____

APPLICANT CERTIFICATION

I fully understand the General Policies for Internship/Volunteer and my responsibilities as outlined in the VOLUNTEER/INTERNSHIP HANDBOOK.

I certify that all statements made in this application are true and correct. I understand that any misstatement, misrepresentation, or omission of material fact may result in my application being rejected; or, if I have been offered a position as a volunteer, in my offer being withdrawn. I also agree to submit my Social Security Number, if required, for the purpose of a background check. I understand that my application process will not be complete until I have been interviewed and received clearance by the Volunteer Director.

Applicant's Signature: _____ Date: _____

DEPARTMENT ENDORSEMENT:

This certification of Departmental Endorsement is to be completed by the applicant and by the official representative(s) of the School of Education and Department in which applicant is a major.

On the basis of my knowledge of the applicant's preparation and characteristic performance in the subject matter area of _____, I DO DO NOT endorse this applicant

as a worthy and promising candidate for Internship during the _____ upcoming semester.

Signed Advisor: _____ Date: _____

Signed Coordinator: _____ Date: _____

Approved by (Head of Department): _____ Date: _____

For Office Use Only:		<input type="checkbox"/> Volunteer Program	<input type="checkbox"/> Internship Program
<input type="checkbox"/> Criminal Background Check	Application Received/Reviewed by: _____		
<input type="checkbox"/> Child Abuse and Neglect Background Check	Interviewed on: ____/____/____		
<input type="checkbox"/> Personal Statement	Date Hired: ____/____/____		
<input type="checkbox"/> Resume			
<input type="checkbox"/> Letter of Recommendation			

Internship Application Form...page 3

Attachments:

Please submit the following materials as part of your application package.

Resume:

Attach a resume in which you list relevant coursework, work experience, and other experience that relate to the internship project for which you are applying.

Personal Statement:

Internship: On a separate sheet of paper, please write a short proposal stating why an internship at Family Support Circle and the specific internship project for which you are applying, relate to your academic and career goals. If you are applying for more than one project, please prepare a statement for each project. Please keep the statements to one page.

Volunteer:

On a separate sheet of paper, please write a short proposal stating why you are volunteering at Family Support Circle. Please keep the statements to one page.

Letter of Recommendation:

Provide one letter of recommendation from a current or former professor or employer in a sealed envelope. Indicate in this application if the letter is included or will be sent separately.

Please return completed application and attachments via email or fax to:

Attention: Volunteer and Intern Program Coordinator

Family Support Circle Inc.(FSC)
109 S. Lee Street
Stockbridge, GA 30281
info@familysupportcircle.org
P. 770.378.4070
F. 678.759.2716

