

**APPLICATION FOR
VOLUNTEER SERVICE OR
INTERNSHIP**

Full Legal Name: _____ Preferred Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

POSITION INTEREST

Is there a specific program activity or type of work you wish to apply for?

If not, what kind of opportunities are you interested in? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Wherever I'm needed most | <input type="checkbox"/> Community Outreach & Advocacy |
| <input type="checkbox"/> Classroom Support | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Marketing, Social Media & Website Support |
| <input type="checkbox"/> Building Maintenance/Cleaning | <input type="checkbox"/> Resource Development & Fundraising |

What are the skills or experience you would like to contribute &/or gain from a volunteer/intern experience?

EXPERIENCE

Do you have any training or experience working with individuals with intellectual or developmental disabilities?

Yes No

Briefly describe any such training, work or volunteer experience:

AVAILABILITY

Available Start Date: _____ Available (check all that apply): Mornings Weekdays
 Afternoons Weekends
 Evenings

Additional information regarding availability:

REFERENCES

References are contacted to help determine appropriate and rewarding opportunities, and in any case where a volunteer is working with vulnerable adults. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name: _____ Relationship: _____
Email: _____ Phone: _____

Name: _____ Relationship: _____
Email: _____ Phone: _____

Name: _____ Relationship: _____
Email: _____ Phone: _____

AUTHORIZATION

I certify that the answers given in this application are true and complete to the best of my knowledge.

I hereby authorize The Social and Learning Institute and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service.*

*The Social and Learning Institute shall maintain all information received from this authorization in a confidential manner in order to protect personal information, including, but not limited to, address, social security number, and date of birth.

Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____ Social Security #: _____