

## **VOLUNTEER OR STUDENT INTERN APPLICATION**

Printed Name:					Date:			
Address:					Contact Phone:			
City & Zip Code:								
E-mail address:								
Emergency Contact Information:								
Name:		Rela	Relationship:		Contact Phone:			
High School or G.E.D. Graduate: Yes 🗌 No 🗌								
Other Education Background:								
Sch	ool Name		Major			Degree/Certificate/License obtained		
Work Experience (May attach a resume instead):								
Date	Job Title/D	Job Title/Duties				Company Name		
Volunteer Position/Student Internship desired:								
Special Interests and Skills:								
What do you hope to gain through your volunteer/intern experience?								
Please indicate below the days and times you are available to volunteer:								
	Monday	Tuesday	Wednesday	Thurs	day	Friday	Sat	
Morning								
Afternoon								

Are you at least 18 years old? Y	es No			
Driver License #	State	Class	Expiration	
Do you have authorization to wo	rk in United States	? YES No		
REFERENCES: Related to you	ur volunteer exper	iences, school, or <sub>l</sub>	professional associations.	
Name:		Name:		
Relationship:		Relationship:		
Affiliation:		Affiliation:		
Contact Phone:		Contact Phone:		
and professional reference obtained in the course of the in the selection process.  B. Must be able to show proof	r/ internship posit checks and profe his background che f of authorization tapplicant must sucord.	ion. The backgroun ssional license/reg eck will be conside o work in the Unite ıbmit valid driver's	ed check may include personal istration verification. Information ered by the appointing authority d States. license, current auto insurance,	
Signature		Date		
For official use only:				
Picture for ID Badge:	DOJ/FBI Clearan	ce Date:	Possible Placement:	