Acción Latina

El Tecolote Media • Juan R Fuentes Gallery • Cultural Arts • Paséo Artistico

Intern/Volunteer Information Form

General Information
Date: _____
Date of Birth:_____
Name: _____
Last   First   M.I.
Phone :_____/_____/_____
              Home   Cell   Work
Address: _____
Email: _____

Education Information

High School Students:
High School Name: _____
Grade Level: _____

College Students:
College name: _____ College Grade Level: _____
Major: _____ Clubs/Organizations: _____
I am a:
☐ SFSU CSL Intern ☐ Project 20 ☐ Other:_____
☐ Not Applicable ☐ Other:
_____

Availability
(please circle all that apply)

Monday •	Tuesday •	Wednesday •	Thursday •	Friday •	Saturday •	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

I understand Acción
I can work remotely

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**Total number of hours
you seek to complete by**
_____ # Hours _____Due Date

Interests & Skills

Please check the volunteer area(s) you are interested in:
☐ Media ☐ Cultural Arts - Events ☐ Youth Media Programs
☐ Writing ☐ Photography ☐ Translating ☐ Editing/Proofreading
☐ Event Planning/Coordinating ☐ Youth Development ☐ Design/Art

Please list any computer skills you posses: _____

Emergency Contacts

Name: _____   Name: _____

_____   _____
Relation   Relation
Telephone: _____   Telephone: _____
          Work   •   Home   •   Cell   Work   •   Home   •   Cell

Do you have any allergies or medical conditions
that you would want a doctor or paramedic to know about?
_____

**I commit to completing the hours that I have
agreed to, in good faith and to the best of my
ability**

Acción Latina
Project/ Volunteer Manager
_____
Date_____

Name (Print): _____
Signature_____
Date_____

Acción Latina
Executive Director _____
Date_____