Intern/Volunteer Information Form

General Information

Date: ____________________                          Date of Birth:_____________________
Name: ________________________________________________________________
Cell/ Home Phone:____________________     Email: ___________________________
Address:_______________________________________________________________

Education Information

High School Students: High School Name:__________________________________
Grade Level: _____________

College Students: College name: _________________________________________
College Grade Level: ________________ Major: _____________________________
Clubs/Organizations:_____________________________________________________

Availability (please circle all that apply)

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Total # of hours you seek to complete:__________ # Hours __________ Due Date

• Over •

Revised December 2019
Interests & Skills
Please check the volunteer area(s) you are interested in:

☐ Media  ☐ Cultural Arts - Events  ☐ Writing  ☐ Photography  ☐ Translating  ☐ Proofreading
☐ Event Planning/Coordinating  ☐ Youth Development  ☐ Graphic Design/Art
☐ Wordpress Web Design

Please list any computer skills that you possess: ________________________________

Emergency Contacts

Name: ____________________________  Name: ____________________________
Relation: __________________________  Relation: __________________________
Cell/Home Phone: ___________________  Cell/Home Phone: ___________________

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

Do you have any dietary restrictions/preferences? ________________________________

Do you have any special needs you would like for us to know about? __________________

What are your preferred pronouns? ________________________________

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

Name (Print): __________________________

Date: __________________________

Signature: __________________________

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