



S.T.R.O.N.G. Youth, Inc.
STRUGGLING TO REUNITE OUR NEW GENERATION

INTERN APPLICATION

Personal Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email Address	
D.O.B.	___ / ___ / ___
How did you hear about S.T.R.O.N.G Youth, Inc.? <input type="checkbox"/> School <input type="checkbox"/> Media <input type="checkbox"/> Friend <input type="checkbox"/> Webpage <input type="checkbox"/> Other	Please Explain: <hr/> <hr/> <hr/> <hr/>
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been registered as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

Referral Agency or School Information *(if applicable)*

Name of Supervising Agency/School:	
Address:	
Name of Supervisor:	
Phone Number of Organization/Agency:	
E-mail of Organization/Agency Contact:	

Number of completed hours required: _____

Educational History (if applicable):

<u>School Name & Location</u>	<u># Of Years Completed</u>	<u>Year Graduated</u>	<u>Major/Degree</u>
High School			
College			
Graduate School			
Trade			

References

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Availability

During which hours are you available for volunteer assignments?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Interests

Tell us in which areas you are interested in volunteering:

Clerical & Administrative: _____

Events & Outreach: _____

Field Work & Program Development: _____

Marketing, Fundraising & Grants: _____

Newsletter Production & Media: _____

Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

WAIVER OF LIABILITY FOR INTERNS

Intern's Name: _____

S.T.R.O.N.G. Youth Intern Supervisor: _____

To help protect S.T.R.O.N.G. Youth, Inc., and to minimize liability, please read the following conditions that apply to your service as a volunteer/student intern.

1. I wish to volunteer my time, effort, and services as a volunteer to assist S.T.R.O.N.G. Youth, Inc., and/or I am participating in an educational program whereby I am volunteering my time as part of an approved internship program.
2. As a volunteer/intern, I donate my time, effort, and services to S.T.R.O.N.G. Youth, Inc., and understand that I will receive no compensation in return.
3. I recognize and understand that my volunteer/internship activities for S.T.R.O.N.G. Youth, Inc., may expose me to the possibility of injury to my person and property, and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.
4. I recognize that as a volunteer/student intern, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
5. Despite this risk of injury to person and property, and lack of workers compensation or other medical insurance coverage from S.T.R.O.N.G. Youth, Inc., I knowingly and voluntarily waive any and all claims, actions, or causes of action against S.T.R.O.N.G. Youth, Inc., and agree to hold the agency, its, agents, affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer/student intern for S.T.R.O.N.G. Youth, Inc.

In return for my agreement to these conditions, S.T.R.O.N.G. Youth, Inc., accepts my services as a volunteer/student intern.

Print Name: _____

Signature: _____ Date: ____/____/____

S.T.R.O.N.G. Representative Signature: _____ Date: ____/____/____