

# Partnership for Families, Children and Adults

## Volunteer/Student Intern Application

### PERSONAL DATA:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job: \_\_\_\_\_  
Student Placement? Y or N School \_\_\_\_\_ # Hrs \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_ Date Graduated \_\_\_\_\_  
College/Degree: \_\_\_\_\_ Date Graduated \_\_\_\_\_  
Graduate/Professional Training: \_\_\_\_\_

### VOLUNTEER EXPERIENCE:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_

### PERSONAL REFERENCES: (Please do NOT name immediate family members)

1. Name: \_\_\_\_\_ Phone: w: \_\_\_\_\_ h: \_\_\_\_\_  
cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: w: \_\_\_\_\_ h: \_\_\_\_\_  
cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: w: \_\_\_\_\_ h: \_\_\_\_\_  
cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

### GENERAL INFORMATION:

- How did you hear about our volunteer programs? \_\_\_\_\_
- In what program(s) would you like to volunteer?  
\_\_\_\_\_
- Are you willing to use your car, when volunteering? Y or N (If yes, complete a liability form.)
- Fluent in languages other than English? Y or N If yes, which? \_\_\_\_\_
- Have you ever been convicted of a felony? Y or N If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

AVAILABILITY: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_  
(Circle available days; write in available hours)

### EMERGENCY NOTIFICATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Instructions: \_\_\_\_\_

### AGREEMENT

I CERTIFY THAT THE ANSWERS GIVEN HERE ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AS MAY BE NECESSARY.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete and retn this application to:  
Fax: 423-697-3812  
Email: [cstpierre@partnershipfca.com](mailto:cstpierre@partnershipfca.com)  
Mail: Partnership for Families, Children and Adults  
Volunteer Coordinator  
1800 McCallie Ave., Chattanooga, TN 37404