

Internship Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

Please share the days and times you are available:

Mondays ___am ___pm

Thursdays ___am ___pm

Tuesdays ___am ___pm

Fridays ___am ___pm

Wednesdays ___am ___pm

Weekends ___Sat ___ Sun

Special Skills or Qualifications

Previous Internship or Volunteer Experience

Please provide the name of two references who are not related to you who have known you for at least one year:

Name _____ address _____ telephone _____

Name _____ address _____ telephone _____

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 or an Intern, false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I agree to complete a background check prior to beginning my work at Raymond Coalition For Youth.

Signature	
Date	