

COMMUNITY ACTION PLANNING COUNCIL OF JEFFERSON COUNTY, INC.

APPLICATION FORM FOR INTERNSHIP OR VOLUNTEERING

To be considered for an internship or volunteer position, this Application Form must be completed and signed personally by the applicant. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative. Each question must be answered in full. If an answer is NO or NOT APPLICABLE, indicate such. Community Action considers all applicants for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital or family status, pregnancy, military/veteran status, genetic predisposition or carrier status, arrest or conviction record, domestic violence victim status, or any other legally protected class or status. **Please type or print clearly.**

Name of Applicant:	
Street Address:	
City / State / Zip Code:	
Telephone / Cell Phone:	
Email Address:	

Application is for: _____ College Internship _____ School Observation _____ Volunteering

Highest Level of Education:

_____ Some High School _____ High School/GED Graduate _____ Some College _____ College Graduate

List Degrees or Areas of Study:

Indicate Previous Employment: (Name of company and your specific job duties):

Indicate Previous Volunteer Positions: (Name of company and your specific duties):

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Have you ever worked/volunteered or received services from Community Action? _____

Where would you like to volunteer or do your internship/observation?

- _____ Food Services / Kitchen
- _____ Summer Food Service Program
- _____ Food Pantry
- _____ Head Start (or Pre-k) Classroom
- _____ Family Center Intake Worker
- _____ Jefferson-Lewis Childcare Project Program
- _____ Volunteer Income Tax (VITA) Program

For Volunteering Opportunities:

How long can you commit to volunteering?

- _____ One-Time Only
- _____ Less than 3 months
- _____ 3 to 6 months
- _____ 6 months or more

Days Available: _____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

Times Available: _____ Mornings _____ Afternoons

Why do you want to volunteer at Community Action? _____

For College Internships/School Observations:

What is the duration of your internship/observations? _____

Name of School/College _____

Indicate days & times for the internship/observation: _____

What is the start and end date? _____

What are the total number of hours? _____

Why do you want to do your internship/observation at Community Action? _____

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References: List three professional or personal references other than relatives.

Name	Occupation	Phone or Email	Years Known

Criminal History Record:

All applicants must, as a condition of placement, inform the company of all convictions.

Have you ever been convicted of, and/or plead guilty to, a crime? ____ Yes ____ No

If you answered 'yes', please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from placement. Factors that will be taken into account include: the nature of the conviction as it relates to the job applied for; the amount of time that has elapsed since the conviction and/or completion of sentence; and the seriousness of the offense. The company reserves the right to reject individuals for placement based on job-related convictions.

Date of Offense	County and State in which offense occurred	Conviction/Explanation	Rehabilitation Completed

Certification: I hereby certify that all of the information I have provided on this Application Form, and accompanying resume, if any, is true and correct to the best of my knowledge. I understand that any misrepresentation, or omission of facts, will disqualify me from further consideration of internship/volunteering. I authorize verification of all of the information I have provided on this Application Form as well as any additional information needed to consider my application for internship/volunteering. I further authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my internship/volunteering and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished. After a conditional offer of internship, I understand that I may be required to pass a medical examination, including a TB test, to the company's satisfaction, before starting my internship. The company is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of internship/volunteering, I understand that a drug test may be required before starting work. If the results of the test are positive, I understand that the offer of internship/volunteering will be withdrawn. If accepted for an internship/volunteer position, I agree to abide by all policies, procedures, rules, and regulations of the organization.

Signature of Applicant: _____ **Date Signed:** _____

Is there any additional information relative to change of name, use of assumed name or nickname necessary to do a background check or reference? ____ Yes ____ No.

If yes, indicate name(s): _____