

## Application for Volunteers and Interns

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### Personal Information:

*Please print.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please Check One:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

How did you first hear about Exodus? \_\_\_\_\_

### Education and Experience

*Please answer the following questions about your education, work, and volunteer experiences. If you wish to do so, you may also attach your resume.*

What is the highest level of education you have completed? \_\_\_\_\_

Please list your three most recent work and/or volunteer experiences.

(1) Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

(2) Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

(3) Organization: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Skills and Availability**

What skills do you have to OFFER?

- Answering phones
- Clerical work / Filing
- Individual counseling
- Work with groups
- Cleaning / janitorial
- Cooking
- Graphic Design
- Research
- Writing/ editing
- Public speaking
- Other: \_\_\_\_\_

What skills would you like to DEVELOP?

- Answering Phones
- Clerical work / Filing
- Individual counseling
- Work with groups
- Cleaning / janitorial
- Cooking
- Graphic Design
- Research
- Writing/ editing
- Public speaking
- Other: \_\_\_\_\_

Why are you interested in volunteering with Exodus Transitional Community, Inc.? \_\_\_\_\_

What do you hope to accomplish? \_\_\_\_\_

When are you available to volunteer/intern?

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

**References**

*Please list the names, titles, and contact information for two people who can serve as references for you.*

Reference Name: \_\_\_\_\_

Title/Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Reference Name: \_\_\_\_\_

Title/Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**For Office Use Only**

Staff Interviewer: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month day year

Comments/ Suggestions for placement:



## Volunteer/Intern Agreement

I, \_\_\_\_\_ understand that as a volunteer/intern the following will be expected of me:

- I will treat all persons, staff, participants and visitors of Exodus Transitional Community, Inc. with respect, understanding and honesty.
- I will perform my identified duties during the times designated to me by Exodus Transitional Community, Inc. administration and/or a third party to whom referred me to said agency
- I will be mindful of the needs of the population I serve and will not discuss participant issues using their names or any other identifying information on or off said agency premises.
- I will keep all information read and heard pertaining to participant's case records confidential.
- I will not remove any information pertaining to participant case records off the premises of Exodus Transitional Community, Inc.

I understand that I will not receive any monetary compensation for the services that I provide Exodus Transitional Community, Inc.

I also understand that non compliance with any of the above mentioned expectations can lead to immediate removal and termination of my volunteer/intern services at Exodus Transitional Community, Inc.

\_\_\_\_\_  
Volunteer/Intern Print Name

Date: \_\_\_/\_\_\_/\_\_\_  
month day year

\_\_\_\_\_  
Volunteer/Intern Signature

\_\_\_\_\_  
Exodus Transitional Community, Inc. Staff Print Name

\_\_\_\_\_  
Exodus Transitional Community, Inc. Staff Signature