



VOLUNTEER/INTERN APPLICATION

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering/interning with us. Please attach a resume (if you have one) with your work and education history.

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Phone (work, home, cell): _____

How did you hear about us? _____

Why are you interested in volunteering/interning? Include if this is for a school internship, court ordered or school community service, etc.

If this is for a school internship, please provide the name of the school and advisor name and contact information: _____

What do you hope to gain from your as a volunteer/intern? _____

What previous experience, if any, have you had as a volunteer/intern?

How many hours per week do you want to volunteer/intern and for what period of time? _____

Please list the times that you will be available to volunteer/intern?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

What skills, training, or knowledge do you have that will assist in volunteering/interning? _____

Please check the kind of volunteer/intern work you would be willing to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Copying/Filing/General Office | <input type="checkbox"/> Event Manager |
| <input type="checkbox"/> Greeting Visitors | <input type="checkbox"/> Web Site Management | <input type="checkbox"/> Appeals Committee |
| <input type="checkbox"/> Data Entry/Word Processing | <input type="checkbox"/> Camera Work | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Media Coordinator | <input type="checkbox"/> Producing | <input type="checkbox"/> Location Scout |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Editing | <input type="checkbox"/> Board of Directors Committee |
| <input type="checkbox"/> Grantwriting | <input type="checkbox"/> Media Production | <input type="checkbox"/> Sponsorship Coordinator |
| <input type="checkbox"/> Marketing/Publicity/Advertising | <input type="checkbox"/> Exercise Program Assistant | <input type="checkbox"/> Other _____ |

Have you ever been convicted of a crime? If yes, please explain. _____

Please provide 3 references that are not related to you:

Name	Relationship	Daytime Phone	Email Address
1. _____			
2. _____			
3. _____			

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with the TalkOnDiabetes Foundation that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by the TalkOnDiabetes Foundation.

I understand that, as a volunteer/intern of the TalkOnDiabetes Foundation, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer/intern work I perform for the TalkOnDiabetes Foundation. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

I understand that a background check through the Washington State Patrol will be run before I begin my volunteer/intern service with the TalkOnDiabetes Foundation. I understand that misrepresentations or omissions may because for my immediate rejection as an applicant for a position with the TalkOnDiabetes Foundation or my termination as a volunteer/intern.

Signature _____ Date _____

The TalkOnDiabetes Foundation is a 501(c)3 nonprofit organization and prohibits any discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, national origin, citizenship status, disability, marital status, pregnancy.