



**Indianola Children's Center
Application for Volunteer Internship**

Date: _____ Name: _____

Permanent Address: _____

Phone Number: Hm: _____ Cell: _____

Position applying for: _____ Date you can start: _____

Are you employed now? _____ If so, may we contact your present employer? _____

EDUCATION:

| <i>Schools attended</i> | <i>Location</i> | <i>Dates</i> | <i>Degree</i> |
|-------------------------|-----------------|--------------|---------------|
| High School | | | |
| College | | | |
| Graduate | | | |

What experience(s) have you had working with young children? _____

What do you like about working with a group of children? _____

What challenges you about children? _____

What gifts and strengths and talents do you bring to this position? _____

What would you like to gain from volunteering/internship at Indianola Children's Center? _____

What hours/days would you be able to volunteer/intern: _____

FORMER EMPLOYERS/VOLUNTEER EXPERIENCES:

Name of present or last employer/experience: _____

Address: _____ City: _____ State: _____

Starting date: _____ End date: _____ Job title: _____

May we contact your supervisor? _____ Name of supervisor: _____

Description of work: _____

Reasons for leaving: _____

Name of previous volunteer/employer: _____

Address: _____ City: _____ State: _____

Starting date: _____ leaving date: _____ Job title: _____

May we contact your supervisor? _____ Name of supervisor: _____

Description of work: _____

Reasons for leaving: _____

Name of previous volunteer/employer: _____

Address: _____ City: _____ State: _____

Starting date: _____ leaving date: _____ Job title: _____

May we contact your supervisor? _____ Name of supervisor: _____

Description of work: _____

Reasons for leaving: _____

REFERENCES :

Below give the name of three persons you are not related to, whom you have known for at least one year.

| Name | Phone Number | Relationship | Years known |
|------|--------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise release the company from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

Applicants will also be required to complete and pass a federal background check and submit a medical reference form.