



Volunteer/Intern/Trainee Application

Date of Application: _____

I. The Basics

Name _____ Phone _____

Email _____ I prefer: calling emailing

Address _____

Birthdate (not year) _____ Current occupation _____

Are you over the age of 18? Yes No

If no, please provide your age: _____

Mode of Transportation _____

Note areas of Santa Cruz you are interested in volunteering:

North County (Santa Cruz) Mid County (Live Oak, Capitola, Soquel)

South County (Aptos, Watsonville)

Expected length of commitment _____

Emergency Contact:

Name _____ Relationship _____

Address _____

Phone Number _____ Email _____

Areas of Interest (check all that apply)

- Administrative/office help
- Driver
- Counseling
- Nutrition Education
- One-time events/fundraisers
- Other:

Availability (specify times)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

How many hours a week would you like to volunteer? _____

II. Previous Work Experience

Current or most recent:

1) Company Name _____ Position _____

Address _____

Main Responsibilities _____

Skills Gained _____

Length of Employment _____ Reason for Leaving _____

III. Previous Volunteer Experience

Organization _____ Role _____

Responsibilities _____

Supervisor _____ Position _____

Phone Number _____ Email _____

Length of Commitment _____ Reason for Leaving _____

Other Volunteer Experiences (include length of commitment)

IV. Educational Background

Highest educational level achieved _____

College degree and/or specialized training _____

Languages spoken _____

Relevant training/experience _____

V. References (please include at least one professional reference)

1. Name _____ Relationship _____ Phone Number _____

Length of acquaintance _____ Email _____

2. Name _____ Relationship _____ Phone Number _____

Length of acquaintance _____ Email _____

VI. Skills Checklist

Please check all that apply and briefly describe

Computer programs: _____

Data entry: _____

Clerical skills: _____

Clinical/counseling: _____

Fundraising: _____

Graphic design: _____

Grant Researching/Writing: _____

Other skills you would like us to know about: _____

Lastly, how did you hear about us? _____

STOP HERE - Clinical Interns continue to next page.

VII. Internship for undergraduate and graduate students completing practicum

School _____

Current grade/year _____

School Practicum Coordinator _____

Practicum Coordinator Email _____

Practicum Coordinator Phone Number _____

Practicum Start and End Dates _____

Preferred Population or Program _____