



**County**

- Butte       Shasta       Tehama  
 Glenn       Siskiyou       Trinity

# Student Intern Application

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Availability

Times Available:       Morning       Afternoon       Evening       All

Date available to start: \_\_\_\_\_ Days available: M T W Th F Sat Sun

Preferred Program/Location: \_\_\_\_\_

## General Information

Current/previous volunteer experience: \_\_\_\_\_

Have you ever been convicted of a felony?       Yes       No      *If yes, please complete the following.*

Nature of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Referred to Agency by: \_\_\_\_\_

## Personal References

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Skills/Interests

*I have experience that I would like to share with NVCSS in the following areas:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> First aid                      | <input type="checkbox"/> Food delivery       | <input type="checkbox"/> Public relations   |
| <input type="checkbox"/> CPR                            | <input type="checkbox"/> Food preparation    | <input type="checkbox"/> Receptionist       |
| <input type="checkbox"/> Art and/or design              | <input type="checkbox"/> Graphic design      | <input type="checkbox"/> Sewing (costuming) |
| <input type="checkbox"/> Bulk Mail                      | <input type="checkbox"/> Hairstyling         | <input type="checkbox"/> Sorting clothing   |
| <input type="checkbox"/> Counseling (licensed)          | <input type="checkbox"/> Hospitality/greeter | <input type="checkbox"/> Spreadsheet        |
| <input type="checkbox"/> Cashier/clerk (handling money) | <input type="checkbox"/> Makeup              | <input type="checkbox"/> Transport goods    |
| <input type="checkbox"/> Data entry                     | <input type="checkbox"/> Mending             | <input type="checkbox"/> Transport people   |
| <input type="checkbox"/> Decor                          | <input type="checkbox"/> Mentor              | <input type="checkbox"/> Word processing    |
| <input type="checkbox"/> Dismantling                    | <input type="checkbox"/> Phone calling       | <input type="checkbox"/> Shopping           |
| <input type="checkbox"/> Delivery/errands               | <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Translation: _____ |
| <input type="checkbox"/> Crafts                         | <input type="checkbox"/> Other: _____        |   |

Additional skills, languages spoken/written: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to: NVCSS, Attn: Development, 2400 Washington Ave., Redding, CA 96001

## License

Professional License/Registration/Certification:

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## Work Experience

Please list your work experience for the past seven years with your present or most recent experiences first. A resume may be attached. Please complete to the best of your ability - this area helps in volunteer placement.

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Have you ever been involuntarily terminated from any prior employer?  Yes  No

*If yes, give details for termination, including date of termination, employer's name and reason for termination:*

\_\_\_\_\_

May we contact your current employer:  Yes  No *If no, please explain:* \_\_\_\_\_

\_\_\_\_\_

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## Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

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## Please read carefully before signing this form.

I certify that the information contained in this NVCSS volunteer application form is true and correct. I authorize all references listed, previous employers and schools to give information to NVCSS for purposes of volunteer screening. I agree to hold any or all of them blameless and free of liability for releasing any truthful information that is with their knowledge or records.

I understand that if I volunteer for NVCSS, any deletion or misrepresentation of the information as stated or implied on this application may be sufficient cause for my dismissal as a volunteer. I am aware that I may be required to successfully complete a background check. I agree to observe all rules, regulations, and policies of NVCSS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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