

## Community Care Services Intern / Volunteer Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one \_\_\_\_\_ Volunteer \_\_\_\_\_ Intern      E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Program in which you are interested \_\_\_\_\_

What skills would you like to share with us? (bilingual?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any limitations? \_\_\_\_\_

Days & Times available \_\_\_\_\_

Present or previous employment \_\_\_\_\_

Where did you learn about us? \_\_\_\_\_

### FOR INTERNS:

School \_\_\_\_\_

Course Name \_\_\_\_\_

Internship Requirement \_\_\_\_\_

Professor's Name \_\_\_\_\_

Professor's Address \_\_\_\_\_

Professor's Phone & E-mail \_\_\_\_\_