Lifelines Counseling Services Volunteer & Student Intern Application

Background Information

Name:	Date:				
Address:					
City:	County:	State:	Zip:		
Telephone: (H)	(W)	(Cell)			
E-Mail:					
	Occupation:				
Internship					
Student Placement? Y or N	Grade Level: HS	Undergraduate	Graduate		
School:					
Internship Needs:					
	Projected Start Date: Projected End Date:				
Optional Information:					
Date of Birth:					
Education Level High School: Graduation Date:					
College Degree:					
Graduation Date:					
Graduate/Professional	Training/Certifications	S:			

Specialized Skills: _			
Gender:			
olunteer Experience			
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Organization:			
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Jales Worked.			
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/olunteer Coordinator			
Phone Number:			
Organization:			
osition:			
Dates Worked:			
Skills attained:			
/olunteer Coordinator:			
Phone Number:			
Organization:			
Position:			
Position: Dates Worked:			
Skills attained:			
/olunteer Coordinator:			
Phone Number:			
Personal References: (Ple . Name:			arriny members)
Phone: w:	h:		cell phone:
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e-mail:			
City		State:	Zip:
. Name:			
Phone: w:	h:		cell phone:
e-mail:			
City		State.	Zin·

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e-n Cit	nail: y		State:	Zip:		
	ral Informati How did you	i on u hear about our voluntee	er programs?			
2.	In what proo	gram(s) would you like to	volunteer?			
3.	(If yes, you	ing to use your car, when will be asked to compl You will NEVER trans	lete a liability form and	l must have car		
4.	Fluent in languages other than English? Y or N I If yes, which?					
5.	Have you e	ver been convicted of a foliation:	elony? Y or N			
Avail	ability: <i>(Cii</i>	rcle available days. Wri	·			
		I - W - Th - F-				
		Sun				
THE	BEST OF MY	THE ANSWERS GIVEN H KNOWLEDGE. I AUTHO INTAINED IN THIS APPL	ORIZE YOUR INVESTIG	GATION OF ALL		
Volun	teer Signatur	e:	Г	Date:		

Please complete and mail this application to: Lifelines Counseling Services – Volunteer Coordinator PO Box 91068 Mobile, AL 36691