

Lifelines Counseling Services
Volunteer & Student Intern Application

Background Information

Name: _____ Date: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ (Cell) _____

E-Mail: _____

Employer: _____ Occupation: _____

Internship

Student Placement? Y or N Grade Level: HS Undergraduate Graduate

School: _____

Internship Needs: _____

Hrs Needed _____ 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: _____

Specialized Skills: _____

Gender: _____

Volunteer Experience

Organization: _____
Position: _____
Dates Worked: _____
Skills attained: _____
Volunteer Coordinator: _____
Phone Number: _____

Organization: _____
Position: _____
Dates Worked: _____
Skills attained: _____
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Position: _____
Dates Worked: _____
Skills attained: _____
Volunteer Coordinator: _____
Phone Number: _____

Personal References: (Please do NOT name immediate family members)

1. Name: _____
Phone: w: _____ h: _____ cell phone: _____
Address: _____
e-mail: _____
City _____ State: _____ Zip: _____

2. Name: _____
Phone: w: _____ h: _____ cell phone: _____
Address: _____
e-mail: _____
City _____ State: _____ Zip: _____

3. Name: _____
Phone: w: _____ h: _____ cell phone: _____
Address: _____
e-mail: _____
City _____ State: _____ Zip: _____

General Information

1. How did you hear about our volunteer programs?
2. In what program(s) would you like to volunteer?
3. Are you willing to use your car, when volunteering? Y or N
(If yes, you will be asked to complete a liability form and must have car insurance. You will NEVER transport clients in your car.)
4. Fluent in languages other than English? Y or N I
If yes, which? _____

5. Have you ever been convicted of a felony? Y or N
If yes, explain:

Availability: (Circle available days. Write in available hours)

M - _____
T - _____
W - _____
Th - _____
F - _____
Sat - _____
Sun - _____

I CERTIFY THAT THE ANSWERS GIVEN HERE ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOUR INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AS MAY BE NECESSARY.

Volunteer Signature: _____ Date: _____

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