



VOLUNTEER/INTERNSHIP APPLICATION

Please Print Clearly

_____ Date

_____ Last Name

_____ First Name

_____ Email Address

_____ Phone Number

_____ Street Address

_____ City

_____ State

_____ Zip Code

How were you referred to Family Service Center? _____

- Are you 16 years of age or older? Yes No
- Do you have a valid Illinois Drivers License? Yes No
- Do you have reliable transportation? Yes No

Highest grade completed: _____ Degree: _____

Professional or community memberships and affiliations: _____

Describe any relevant volunteer experience: _____

What are your hobbies and special interests? _____

Volunteer Interest:

- Internship Office Work Childcare Tree of Wishes Special Events
- Other: _____

Available days/times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



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REFERENCES:

Please provide three non-relative references with knowledge of your personal and/or professional qualities.

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

To determine my qualifications for volunteering, I authorize the agency to send for references and to conduct an investigation of my background.

Signature of Applicant

Return Completed Application to:

Family Service Center

730 East Vine, Springfield, IL 62703

217-528-1446 (fax) 217-528-8406 (phone)