CAPITAL CITY YOUTH SERVICES
APPLICATION FOR VOLUNTEER/INTERN POSITION

Name of Volunteer/Intern: _____
(Last) (First) (MI)

Address: _____
(Street) (city) (state) (zip code)

Telephone No.: _____ Date of Birth: _____

Education: _____ Date Graduated _____
(High School)
_____ Date Graduated: _____
(College)

Occupation: _____ Employed by: _____

Volunteer Experience: _____

Area of Primary Interest: _____

Secondary and Special Skills: _____

Day(s) and Hours of Availability: _____

How long can you commit yourself as a volunteer? ♦ 1-3 Months ♦ 3-6 Months ♦ Longer

IN CASE OF EMERGENCY NOTIFY: _____ Phone: _____

References: (1) _____
(Name) (Address)
(2) _____
(Name) (Address)

Signature: _____ Date: _____

Interviewed by: _____ ♦ Approve♦ isapprove

Interviewer's Remarks: _____

Administrator's Remarks: _____

Program Administrator's Signature: _____ Date: _____