

Date Received \_\_\_\_\_

For Office Use Only

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### Townhall II Volunteer/Internship Application

Please print or type

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

E-mail address \_\_\_\_\_

Current address:

\_\_\_\_\_ No. Street City State Zip

Phone: ( ) \_\_\_\_\_ Work phone (optional): ( ) \_\_\_\_\_

Best times to call to reach you: \_\_\_\_\_

Permanent address:

(if different than above) \_\_\_\_\_ No. Street City State Zip

Permanent phone: ( ) \_\_\_\_\_

Where did you hear about our volunteer and internship opportunities? \_\_\_\_\_

I am interested in becoming a volunteer/intern at Townhall II as (please check all that apply):

\_\_\_\_\_ Volunteer \_\_\_\_\_ Intern \_\_\_\_\_ Semester

\_\_\_\_\_ Helpline \_\_\_\_\_ Crime Victim Advocacy

\_\_\_\_\_ Prevention/Education

#### Record of Education

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate? ___ Yes ___ No	List Diploma or Degree
			1	2	3	4		
High School	_____		1	2	3	4	___ Yes ___ No	
	_____							
	_____							
College	_____		1	2	3	4	___ Yes ___ No	
	_____							
	_____							
Other (specify)	_____		1	2	3	4	___ Yes ___ No	
	_____							
	_____							

Have you completed any special courses, seminars and/or training that applies to the position you are applying for?  
 YES ( ) NO ( ) If yes, please describe:

\_\_\_\_\_

List three benefits that you might expect to receive from volunteering/interning at Townhall II.

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

List three qualities you have which will benefit the program that you are interested in.

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

**List present and past employment and volunteer experiences. Begin with your most recent.**

Name and Address of Company and Type of Business	From		To		___ Volunteer ___ Paid	Reason for Leaving
	Mo	Yr.	Mo	Yr.		
	Describe the Work You Did:					
Phone: ( )	Name of Supervisor:					

Name and Address of Company and Type of Business	From		To		___ Volunteer ___ Paid	Reason for Leaving
	Mo	Yr.	Mo	Yr.		
	Describe the Work You Did:					
Phone: ( )	Name of Supervisor:					

Name and Address of Company and Type of Business	From		To		___ Volunteer ___ Paid	Reason for Leaving
	Mo	Yr.	Mo	Yr.		
	Describe the Work You Did:					
Phone: ( )	Name of Supervisor:					

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List employer(s) you do not want us to contact. \_\_\_\_\_

**Personal References** (List two people who are not former employers or relatives)

References may be contacted to gather additional information about you.

Do not list anyone you do not want contacted.

Name and Occupation	Address	Phone
		( )
		( )

I am interested in: (please check one)

\_\_\_\_\_ Volunteering

\_\_\_\_\_ Practicum Experience. \_\_\_\_\_ College \_\_\_\_\_ Major

\_\_\_\_\_ Internship Experience. \_\_\_\_\_ College \_\_\_\_\_ Major

\_\_\_\_\_ Number of hours needed for internship/practicum

Desired start date is \_\_\_\_\_. End date \_\_\_\_\_.

Internship/practicum instructor \_\_\_\_\_

Instructor phone/email ( ) \_\_\_\_\_

If interested in one of our volunteer training programs, are you available to commit for at least one year after your training? (Please note: not all of our programs require a one year commitment). Yes \_\_\_\_\_ No \_\_\_\_\_

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of acceptance as a volunteer or immediate termination of my volunteer position, regardless of when or how discovered.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Chosen applicants are required to submit to a Criminal background check and drug test (if applicable). Direct Service cannot begin prior to the successful completion of both. Information on where to obtain these services will be provided by Townhall II.**

**It is the Agency's policy not to discriminate against any person or group of persons on the basis of; race, ethnicity, age, color, religion, sex, sexual orientation, national origin, disability, and veteran status in the recruitment, selection, evaluation or retention of volunteer/interns**

**Please submit completed applications to:**

**Townhall II  
155 North Water Street  
Kent, OH 44240**

**They can also be faxed: 330-678-7558**