



Faith-based support and services for individuals with autism and intellectual disabilities

Volunteer/Intern Application

(PLEASE PRINT)

APPLICANT INFORMATION			
Date of Application:	Last Name:	First Name:	MI:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone: ()	E-mail Address:	Best time to contact: _____:_____ am <input type="checkbox"/> pm <input type="checkbox"/>	
Emergency Contact Information – Name: _____		Phone: _____	

SCHEDULE	
Schedule Available?	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

EDUCATION			
<input type="checkbox"/> High School: _____	<input type="checkbox"/> Undergraduate College: _____	<input type="checkbox"/> Graduate Professional: _____	<input type="checkbox"/> Other (Specify): _____

MOST RECENT EMPLOYMENT EXPERIENCE	
Company:	Phone: ()
Address:	Supervisor:
Responsibilities:	

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, AND EXTRA-CURRICULAR ACTIVITIES:

PERSONAL REFERENCES	
Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize Jessica and Friends Community to investigate all statements contained in this application and conduct any necessary background/clearance checks.	
Signature: _____	Date: _____