

**Internship Program Enrollment Form**

Date submitted to Volunteer Center: \_\_\_\_\_ Semester/Year: \_\_\_\_\_  
 Orientation Date: \_\_\_\_\_ Volunteer ID#: \_\_\_\_\_

**I. PERSONAL INFORMATION (Please Print)**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

Local Address: \_\_\_\_\_  
 \_\_\_\_\_

Local Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

**II. ACADEMIC INFORMATION**

College/University:  FAMU  FSU  TCC  Other \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Classification:  Freshman  Sophomore  Junior  Senior  Grad

**III. INTERNSHIP OPPORTUNITIES**

Please list, in order of preference, the internship positions you would like to pursue.

POSITION	DEPARTMENT
1. _____	_____
2. _____	_____
3. _____	_____

Plans after graduation: \_\_\_\_\_

**IV. EXPERIENCE**

Please list any work, internship, volunteer experience, and/or skills which are relevant to the position you seek.

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

**V. HOURS OF AVAILABILITY**

Please list your approximate hours of availability (e.g. 8 a.m. – 11 a.m.) in the spaces provided.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**VI. PERSONAL REFERENCES**

Please list the contact details of at least two people (excluding family members) who have known you for a minimum of one year.

Name: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_  
Address: \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Address: \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Address: \_\_\_\_\_ (work) \_\_\_\_\_

**VII. HOW DID YOU HEAR ABOUT THIS INTERNSHIP?**

\_\_\_\_\_

**VIII. CERTIFICATION**

I authorize the Director of the Leon County Volunteer Center to verify information on this application and to perform a background check as it applies to the volunteer job(s) in which I expressed an interest. I have no objection to having my record cleared as through appropriate law enforcement agencies. I understand that all information collected during the check will be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_