

Aquidneck Island Day Camp VOLUNTEER/INTERN APPLICATION

Date: _____ Name: _____

Telephone # () _____ E-mail Address: _____

Address: _____

City/Town: _____ State: _____ Zip Code _____

How did you hear about Aquidneck Island Day Camp?:

Availability?: _____

Emergency Contact Person: Name: _____

Phone: _____ Relationship: _____

EDUCATION

	Name & Location	Major	Dates Attended	Degree Obtained
High School				
College				
Other				

VOLUNTEER AND PAID EXPERIENCE

Employer Name and Address	Position Held	Supervisor Name and Phone Number	Dates	Reason for Leaving

SPECIAL SKILLS, PROFESSIONAL MEMBERSHIPS, ORGANIZATIONS, ETC.

IF AN INTERNSHIP IS BEING REQUESTED PLEASE LIST MAJOR, CLASS AND CONTACT PERSON

REFERENCES (Please exclude relatives)

1. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

The above information is accurate and correct to the best of my knowledge. I agree to maintain Aquidneck Island Day Camp policy of confidentiality in my volunteer work.

(Applicant Signature)

Opportunities for volunteers/interns are provided without regard to race, color, religion, sex, national origin, age, sexual orientation, identification or expression, disability, military status or any other legally protected status in accordance with applicable state and federal laws

DO NOT WRITE BELOW THIS LINE

Interviewed on: _____ by _____

Orientation conducted _____

Placement _____ Days _____ Hours _____

Supervisor _____

Comments _____

Why did you decide to be a volunteer/intern?

What do you want to get back out of this experience?

What would you like to do?

What would you like to avoid?

Any recent accomplishments you would like to share?