

# INTERN VOLUNTEER APPLICATION

## Literacy for Companionship Inc.

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States? YES NO

Have you ever volunteered with us? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

### EMPLOYMENT

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### VOLUNTEER EXPERIENCE

History of community/volunteer services:

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## AVAILABILITY

Days available to volunteer (please check all that apply):

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Locations available to volunteer (please check all that apply):

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Fort Wayne | <input type="checkbox"/> South Bend    |
| <input type="checkbox"/> Angola     | <input type="checkbox"/> Auburn        |
| <input type="checkbox"/> Warsaw     | <input type="checkbox"/> Columbia City |

Times available to volunteer (please check all that apply):

- 8 AM – 10 AM
- 10 AM – 12 PM
- 12 PM – 2 PM
- 2 PM – 4 PM
- 4 PM – 6 PM
- 6 PM – 8 PM

Position:

- Photographer
- Videographer
- Graphic Artist

## DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.*

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

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

Name (Printed): \_\_\_\_\_

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## CONFIDENTIAL

### Literacy for Companionship Inc. Background Check Authorization

Print Name: \_\_\_\_\_  
*First Middle Last*

Former Name(s): \_\_\_\_\_ Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
*Mo/Yr Street City State/Zip*

Previous Address From: \_\_\_\_\_  
*Mo/Yr Street City State/Zip*

Previous Address From: \_\_\_\_\_  
*Mo/Yr Street City State/Zip*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Literacy for Companionship Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Literacy for Companionship Inc.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Literacy for Companionship Inc.**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individual and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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