



## Disability Action Center INTERNSHIP VOLUNTEER Application

### Contact Information

Full Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Email Address	

### Availability

Days of the Week	MON TUE WED THU FRI SAT SUN
Time / Hours	AM 8-9-10-11-12 PM 1-2-3-4-5 Evenings 6-7-8-9-10
Special Events	All Day Evenings Weekends

Interest in a Volunteering or unpaid Internship in the following time period:

Fall Intern - Aug to Dec	Spring Intern – Jan to May	Summer Intern – Jun to Jul
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Interested in the following Volunteer or unpaid Internship positions:

Office Assistant	Fundraising	Information Referral	Special Projects
Landscaping	Equipment	Outreach	Event Planning
Office Cleaning	Translators	Social Media	Group Facilitator

### Experience

Please list any previous work, intern or volunteer experience.

### Skills or Qualifications

Please list skills or qualifications from prior work, school, hobbies, sports, or source.

### Person to Notify in Case of Emergency

Full Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Email Address	

References (Please provide name, telephone, location, length of time known and relationship.)


Have you ever been convicted of a misdemeanor or felony? NO YES If yes, please explain:

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If you would like to make any additional comments, please do so here.

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### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an unpaid Intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Full Name (Printed)	
Signature	
Parent Signature (if under 18)	
Date	

### DAC Policy

It is the policy of this non-profit organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
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Thank you for completing this application and for your interest in being an Intern with us.