



1060 E. 47th Street
Chicago, IL 60653
(773) 285-1211 Main
(773) 285-1633 Fax

Internship/Volunteer Application

Name: _____

Address: _____

Telephone Number(s): _____ E-mail Address: _____

Placement Organization _____

Address: _____

Person to Call in the Event of an Emergency: _____ Phone: _____

Relationship to Volunteer: _____

Doctor: _____ Phone: _____

Placement:

1. I am willing to assist with the following tasks:

- Receptionist
- Data entry/light clerical work
- Writing articles for newsletter, proofreading publications
- Preparing or serving food
- Phone calls to volunteers, clients or donors
- Facility maintenance workdays (painting, carpentry, etc.)
- Conducting research for development staff
- Organizing small parties and special events
- Hand addressing envelopes to benefit events
- Assisting w/student programming
- Other task(s) (describe) _____

2. I have the following special skills to contribute:

3. I am available to help at the following dates and times:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Any specific hours? _____

Would you prefer to help occasionally? _____

4. Describe what you want to get from your volunteer experience:

- Increase my skills in _____
- Meet new people; professional networking
- Social events
- A sense of giving something back or contributing to a good cause
- Interest in/education in the work the organization does
- Association with people I admire
- Other _____



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Volunteer/Intern Agreement:

I, _____ (volunteer's name) _____ agree that as a volunteer/intern, it is my job to support the mission and purposes of the organization.

1. I will comply with the organization's rules set fourth by the supervisor. I will serve in a professional manner.
2. I will be on time, and will call the supervisor if I cannot attend.
3. I will abide with policies of the agency, especially with regard to confidentiality.

The work I will do should be worthwhile and challenging. I can expect clear instruction, and an appropriate level of supervision.

Volunteer's/Intern's Signature

Date

For Office Use Only:

Date Background Check Completed: _____ Completed by: ___(initials)___ Assign? Yes No

Volunteer/Internship Assignment: _____

Additional Notes: _____
