

# VOLUNTEER APPLICATION FORM



1760 Edgewater Drive  
Grundy, Virginia 24614

APPLICANT INFORMATION				
Last Name	First	Middle	Date	
Street Address			Home Telephone	
City, State, Zip Code			Office Telephone	
Are you under 18 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cell Phone	
Are you a United States citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/> *	Email Address	
*If no, are you eligible to work in the U.S.?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>	* Immigration/VISA Status	
Have you ever been convicted of a misdemeanor or felony crime?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>		
*If yes, describe County, State, date(s) and disposition of case: (A conviction will not necessarily disqualify you from employment)				
Church Affiliation:				

POSITION DESIRED	
Internship Position applied for	Dates available to perform internship From:
Are you available to do internship? Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	To:
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred by
Are you requesting that your college grant you credit hours for your internship?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION				
Level	Name and Location of School	Courses Majored In	Years Completed	Degree/Certificate Earned
Elementary/Middle				
High School				
College				
Post Graduate				

ADDITIONAL TRAINING AND SKILLS*	

\*Please, list additional training, skills, courses taken (psychology, child growth and development, etc.), adjunctive educational background (sports, clubs, piano lessons, little league, etc.), activities with professional and civic organizations, volunteer and hobbies.

RECORD OF EMPLOYMENT	
Company Name (most recent)	Phone
Street Address, City, State, Zip Code	Employed mm/yy From To
Immediate Supervisor (Name /Position)	Weekly pay Start Last
Position held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties	Reason for Leaving

RECORD OF EMPLOYMENT	
Company Name	Phone
Street Address, City, State, Zip Code	Employed mm/yy From To
Immediate Supervisor (Name /Position)	Weekly pay Start Last
Position held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties	Reason for Leaving

RECORD OF EMPLOYMENT	
Company Name	Phone
Street Address, City, State, Zip Code	Employed mm/yy From To
Immediate Supervisor (Name /Position)	Weekly pay Start Last
Position held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties	Reason for Leaving

REFERENCES*			
Name of References	Phone Number	Email Address	How do you know this reference?

\* Please list two academic/professional references and one pastoral reference from whom you have requested recommendations (do not list relatives).

MILITARY SERVICE			
Branch of Service	Date Entered	Date discharged	Military training relevant to this job:

ADDITIONAL INFORMATION
<p>Please tell us in what way do you share our Mission and Vision</p>    
<p>Please give a brief statement why do you want to do internship at Mountain Mission School</p>    

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given if found to be false in any way, it shall be considered sufficient cause for denial of internship or discharge. I authorize the use of any information in this application to verify my statement, and I authorize past employers, all references, any other persons to answer all questions asked concerning my ability, character, reputation, and pervious employment record. I release all such persons from any liability of damages on account of having furnished such information."

"I understand that nothing contained in this internship application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment of for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Mountain Mission School retains the same right."

"I understand that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures"

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**PLEASE ATTACH RESUME IF AVAILABLE**

**For Employer's Use Only**

**INTERVIEW RESULTS**

Name of Interviewer:

Date of Interview:

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