



Staff Application

Position Applying for: Paid Volunteer Internship

APPLICANT INFORMATION		
Last Name:	First Name:	Date:
Street Address:		Apartment/Unit #
City:	State:	Zip:
Phone:	E-mail Address:	Cougarnet ID:
Applying for: Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Year:		
Date Available to Start:		

EDUCATION	
High School:	Address:
From:	To:
College:	Address:
From:	To:
Did you graduate? Yes <input type="checkbox"/> Degree: _____ No <input type="checkbox"/> Expected Graduation date: __/__/____, Academic standing (e.g., sophomore, junior) _____	
What is your current GPA?	
Other:	Address:
From:	To:

HOURS OF AVAILABILITY: Please specify what times you are available to work/volunteer/intern.

Month	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have reliable transportation? Yes No

If you are a student, please complete the following information:

AREA OF STUDY/EXPERTISE (circle one)

Nutrition Exercise Health Psychology Communications Other _____

Are you interested in interning/volunteering during the summer? Yes No

SKILLS / CERTIFICATION			
<i>Language Skills:</i>			
Do you speak Spanish fluently? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes," you will be required to take a translation test to demonstrate your ability.		Do you write Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes," you will be required to take a translation test to demonstrate your ability.	
<i>Administrative Skills:</i>			
Good Organization Yes <input type="checkbox"/> No <input type="checkbox"/>	Planning Yes <input type="checkbox"/> No <input type="checkbox"/>	Keep Records Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Computer Skills:</i> Please check yes or no to the following skills.			
Word Yes <input type="checkbox"/> No <input type="checkbox"/>	Track changes in Word Yes <input type="checkbox"/> No <input type="checkbox"/>	Excel Yes <input type="checkbox"/> No <input type="checkbox"/>	PowerPoint Yes <input type="checkbox"/> No <input type="checkbox"/>
How many words do you type per minute (WPM)?			
<i>Certifications:</i> Please list below any special certifications such as Fitness, CPR, Lifeguard, Athletic training, etc.			
<i>Other Skills/Interests:</i> (Please be specific.)			
Nutrition (including cooking):		Data/Research:	
Sports/Exercise:		Arts/Crafts/Creativity:	
Webpage Design:		Media (video, digital camera, photography, etc.):	

PREVIOUS EXPERIENCE AND SELF-ASSESSMENT
Do you have previous experience working with or teaching children ages 9-14? If so, what and when?
What are some of your hobbies/interests/talents? Anything else you would like to share?
What are some of your weaknesses?

REFERENCES:	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PERSON TO NOTIFY IN CASE OF EMERGENCY	
Name	
Street Address	
City, State, Zip Code	
Phone Number	
AGREEMENT AND SIGNATURE	
<i>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 a volunteer, intern, or employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</i>	
Name (printed)	
Signature	
Date	

Thank you for filling out this application, you can email it to bouncelite@yahoo.com or bring it to BOUNCE office located at FH 318E