



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
<i>Ex: January</i>	<i>9 AM - 12 PM</i>		<i>9 AM - 12 PM</i>		<i>9 AM - 12 PM</i>	

Do you have reliable transportation? Yes No

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

AREA OF STUDY/EXPERTISE

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. Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>		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. Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <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.			
1.	2.	3.	
4.	5.	6.	
<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?

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:	Relationship:
Street Address:	Apartment/Unit #:
City:	State:
	Zip code:
Best Contact 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 bounce@central.uh.edu or bring it to BOUNCE office located at FH 318G.