|  |  |
| --- | --- |
| Intern Application |  |

If you have any questions, please email Jlearninglab@gmail.com for a response.

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **Phone:** |  |
| **Email:** |  |

**Contact information in case of an Emergency:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Applying For:**

 Occasional volunteer

 Long term volunteer

 Other

**What days/times are you available to volunteer? (Check all that apply)**

 Sun Mon Tues Wed. Thurs Fri Sat

 Morning Afternoon Evening

##### **Preferred Start Date: Program of Interest:**

Date: \_\_\_\_\_\_\_\_\_\_\_ Tutoring

 Mentoring Administrative

**How did you hear about JLL and its volunteer program?**

|  |
| --- |
|  |

**List Any Current or Previous Volunteer or Related Experience:**

 Dates of service (mm/yy)

 Organization: Position/Major Responsibility: From: To:

|  |
| --- |
| 1.2. |

**Education:**

 *Institution: Location Dates Certificate/Degree*

|  |
| --- |
| 1.2.  |

**Work Experience (2 Most Recent):**

 *Employer: Primary Duty: Supervisor: Phone:*

|  |  |  |  |
| --- | --- | --- | --- |
| 1.Date of Emp:  |  |  |  |
| 2.Date of Emp:  |  |  |  |

##### **Please list 2 references (not related to you):**

 Name: Phone: How long have you known the person:

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |

##### **Why are you interested or hope to contribute/benefit from this experience?**

|  |
| --- |
|   |

**What is your preferred method of contact?**

 Via email

\_\_Via phone

**Would you be interested in being a part of an email database that will update you on JLL and its upcoming events?**

 Yes

 No

 Unsure

**Background Information Yes No**

xxx

Were you ever convicted of a felony or a misdemeanor?

xx

xxxxx

Do you have any pending criminal charges?

xxxxxxxyy

xxxxx

xxxxxx

Have you ever been subjected to a civil protective order for domestic violence or abuse?

x

xxxxxxxxxx

Have you ever been investigated for or charged with child abuse or neglect?

x

Has your driver’s license ever been suspended or revoked?

Other than the above, are there facts or circumstances that would call into question the

supervision, guidance and care of young people?

If you answered “yes” to any of the above questions, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize Joseph Learning Lab to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to Joseph Learning Lab. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Joseph Learning Lab from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. **I understand that any offer of a position is dependent on results of a background check.** I further understand that my position may be terminated immediately without cause and without notice at the sole discretion of Joseph Learning Lab.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date Witness

***\*\*We would like to thank you for your expressed interest in this position. We look forward to working with you and hope this will be a great experience\*\****

|  |  |
| --- | --- |
| Name (printed): |  |
| Signature: |  |
| Date: |  |