



# Volunteer/Intern Application

Please Print Clearly

Check one: \_\_\_\_\_ Volunteer \_\_\_\_\_ Intern

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work or Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Days and hours available to volunteer:

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_  
 Do you expect your availability to remain consistent for the next six months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If not, please explain: \_\_\_\_\_

Please state your interest in volunteering/interning with WACOSA.

\_\_\_\_\_

What qualities do you believe you possess to fulfill the volunteer/intern position you are seeking?

\_\_\_\_\_

Have you volunteered/interned for WACOSA before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe and give the name of supervisor:

\_\_\_\_\_

Internship Position Information:

School: \_\_\_\_\_  
 Academic program: \_\_\_\_\_  
 School contact/instructor: Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Supervisor qualifications: \_\_\_\_\_  
 Projected start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 Total number of hours: \_\_\_\_\_  
 Outcome to be achieved: \_\_\_\_\_

Mille Lacs County Area DAC Inc. 115 1<sup>st</sup> St E. PO Box 92 Milaca, MN 56353

*Volunteer/intern positions are available to all persons regardless of race, color, religion, national origin, sex, marital status, sexual orientation, public assistance status, disability, age or any other legally protected status.*

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Educational Background:

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Work / Volunteer Experience:

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Special Skills / Interests:

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**References:**

Please list at least one work/volunteer reference, if possible. Also, please use daytime phone numbers whenever possible.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

***I authorize WACOSA to contact the above references. I certify that the above information is true and verifiable to the best of my knowledge. I also understand that all information contained within this application and its attachments will remain confidential.***

Signature: \_\_\_\_\_

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

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