

## Volunteer/Intern Program Application

Thank you for your interest in CRT's mission--*Preparing Our Community to Meet Life's Challenges!* **Applications can be mailed to:** Community Renewal Team, Inc. Attn: Human Resources, 555 Windsor Street, Hartford, CT 06120. For more information call 860-560-5600. (Please note that completion of this application does not guarantee placement or engagement as a Volunteer Program participant.)

<b>Personal Information (please print clearly in ink)</b>	
Full Name: _____	Today's Date (m/d/y): _____
Address: _____	City: _____ Zip Code: _____
Telephone: _____	Email Address: _____
Emergency Contact: _____	Relationship: _____ Telephone: _____

<b>Availability and Assignment Preference</b>	
<b>I am interested in applying for:</b> a Volunteer opportunity ____ an Internship opportunity ____	
<b>If seeking an Internship opportunity,</b> list hours needed per semester: Winter__ Spring__ Summer __ Fall__	
- Name of educational institution: _____	
- Faculty Sponsor: _____ Phone/Email: _____	
<i>(A copy of the school's field agency requirements to host intern must be attached.)</i>	
<b>Please list which days and hours you are available for volunteer assignments:</b>	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Times available: _____	
<b>Check program areas of interest:</b>	
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Employment & Training
<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Energy & Weatherization
<input type="checkbox"/> Education and Youth	<input type="checkbox"/> Housing & Shelters
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Mental Health & Wellness
	<input type="checkbox"/> Money Management
	<input type="checkbox"/> Senior Services
	<input type="checkbox"/> Special Events
	<input type="checkbox"/> Veteran Services

I certify that all information provided on this application is true and that I have not knowingly withheld any information which might affect my application unfavorably. I understand that any misrepresentation of facts on this application may be considered justification for non-acceptance, and acceptance to a volunteer/intern position is contingent upon the completion and review of history which will include a criminal background check. There shall be no discrimination against an otherwise qualified volunteer/intern by reason of disability/age/race/color/ethnicity/sex/sexual orientation/religion/national origin/or citizenship status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

**Interest and Special Skills**

**Briefly explain why you are pursuing this opportunity and your goals:** \_\_\_\_\_

\_\_\_\_\_

**Special skills, qualifications or experience:** \_\_\_\_\_

\_\_\_\_\_

**Foreign or other languages spoken fluently:** \_\_\_\_\_

**Related Experience**

***Education:***

College/Other Schools Attended   Dates Attended   Did you graduate?   Diploma or Degree?   Major Course of Study

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Work/Volunteer/Intern Experience:***

Employer/Agency                      Position                      Dates: From-To                      Voluntary or Paid?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently hold any special certificates, licenses or registrations (CPR, First Aid, etc.)? Please list: \_\_\_\_\_

\_\_\_\_\_

**References**

List any friends, relatives or acquaintances who are currently employed by CRT: \_\_\_\_\_

Provide two adult references who are familiar with your academic, professional, volunteer/intern service (not relatives):

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship/Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship/Occupation: \_\_\_\_\_