

Children's Rescue Initiative

Volunteer/Intern Application

Volunteer Information

Name: _____

Mailing Address: _____

Email: _____

Primary Phone (home/work/cell): _____

Are you a United States citizen? YES NO

Will you be receiving academic credits for your volunteer work? YES NO

If YES: What is the name of your school? _____

What is the required number of hours to earn credit? _____

By what date do you need to complete the hours? _____

List the type of volunteer activities that interest you:

Volunteer Experience

Organization	Responsibilities	From	To

Employment History

Employer	Responsibilities	From	To

Education

School	Degree/Course of Study	From	To

Additional Information

Please indicate the length of volunteer commitment you are interested in.

Why do you wish to volunteer and why did you choose Children's Rescue Initiative?

What is your availability?

Day	Available	Hours
Sunday	Y N	
Monday	Y N	
Tuesday	Y N	
Wednesday	Y N	
Thursday	Y N	
Friday	Y N	
Saturday	Y N	

Indicate the skills and/or experience you have to offer (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Language Skills |
| <input type="checkbox"/> Cash Handling Experience | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Product Development (Merchandise) |
| <input type="checkbox"/> Experience with Children | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Fundraising Experience | <input type="checkbox"/> Website Design |

Other (please specify): _____

Please provide any further information that you would like us to consider when determining your volunteer and/or internship placement. *(Please include information regarding any specific disability or health concern that may affect your volunteering.)*

Authorization & Acknowledgement

I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of placement or dismissal after placement and my volunteer or internship status may be immediately revoked by Children's Rescue Initiative at its discretion. This information will be used to process my eligibility for a suitable position.

I authorize Children's Rescue Initiative to contact individuals and/or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer or intern.

Signature: _____

Date: _____