

Access Partnership Student/Volunteer Application Form

Name _____ Telephone _____

Address _____ E-mail _____

Student: Yes No If Yes, Name of School or College: _____

Hours and tasks needed to meet academic requirements: _____

Relevant Experience and/or Employment (attach a resume or CV) _____

What interests you about our organization? _____

Area(s) of expertise/contribution you feel you can make: _____

Availability: Start Date _____ End Date: _____

	SU	M	TU	W	TH	F	SA
Hours of Availability							
Start Time							
End Time							

Other commitments that may affect your availability: _____

Are you able to complete projects at home or school? Yes No

Some of the work we do requires a criminal background check. Have you had a background check done in the recent past? Yes No If yes, please submit with application. If no, are you agreeable to complete and provide a local background check? Yes No

Signature

Date

For Office Use

Intern/Volunteer interviewed Date _____
 Accepted by AP as Intern/Volunteer Date _____

Project Assigned: _____ Days/Hours on site or project review dates: _____

Policies reviewed and signed Expected Date of Completion: _____ AP Supervising Staff: _____