



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:

WACOSA, 320 Sundial Drive P.O. Box 757, Waite Park, MN 56387

WACOSA is an EO/M/W/Disability/AA Employer

All candidates are considered without regard to race, color, creed, religion, national origin, gender, genetics, disability, age, marital status, sexual orientation or preference, citizenship, status with regard to public assistance, veteran status, familial status, or membership on a local rights commission
www.WACOSA.org

Educational Background:

Work / Volunteer Experience:

Special Skills / Interests:

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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