Internship Application



Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		
Availability		
•	you available to complete your internship assignments?	
Weekend morning	s Weekend afternoons	
Weekday evenings	S Weekend Evenings	
Interests Tell us in which areas you are interested in completing your internship		
Administration		
Events		
Field work		
Fundraising		
Deliveries		
Phone bank		
Newsletter production		
Volunteer coordination		
Special Skills or Quality	fications	
Summarize special skills and qualifications you have acquired from employment, previous volunteer/community service work, or through other activities, including hobbies or sports.		

Person to Notify in Case of Emergency Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature Date	Previous Experience	
Person to Notify in Case of Emergency Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	•	previous experience in the nonprofit sector.
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	No	
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	Person to Notify in Coop	
Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		of Emergency
City ST ZIP Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	Street Address	
Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	City ST ZIP Code	
E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	Home Phone	
Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	Work Phone	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	E-Mail Address	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature	4 10	
understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed) Signature		
Signature	understand that if I am acce	epted as a volunteer, any false statements, omissions, or other
	Name (printed)	
Date	Signature	
	Date	

Our Policy

United Christian Association for Haiti is a faith based organization and it does everything possible to ensure that each of our social sites and websites are maintained by a Christian individual or faith-based organization as defined by our articles of faith.

Thank you for completing this application form and for your interest in working with us.