



IDHS Intern/Volunteer Application Form

Intern ____ **Volunteer** ____ (Please check appropriate one.)

Name: First _____ Middle Initial ____ Last _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone #'s Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Driver's License #: _____ State: _____ DOB: _____

Emergency Contact Name: _____

Phone #'s Home #: _____ Work #: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Background (please check next to the appropriate category):

Completed: Some high school ____ High School _____

Associate Degree ____ College/University _____

Bachelor Degree ____ College/University _____

If you are currently attending a college/university, please indicate which one:

Field of Degree/Study: _____

Any physical limitations? Yes No If yes, please briefly describe:

Employment History (provide any current employment first; indicate number of years of service for each position. Attach an additional sheet if necessary.)

1. _____

2. _____

3. _____

4. _____

Internships only: What year are you currently in school? _____

What year do you plan on graduating? _____

Are you enrolled in a college internship program (i.e. paying for college credit hours)? Yes No

Volunteers only: Have you had any previous volunteer experience? Yes No

If yes, with what organization did you volunteer for? _____

Please list the type of work you did: _____

Why, at this particular time in your life, have you chosen to intern or volunteer with us?

What do you hope to gain from being an intern or volunteer?

What clubs, organizations, or associations are you involved with?

What life experiences have you had that might be useful to you in interning or volunteering within IDHS?

Do you speak any languages other than English? Yes No

If yes, please specify: _____

What do you consider to be your strengths?

What do you consider to be your weaknesses?

On average, how many hours could you commit on the average each week? _____

References (List 3 people including names and phone numbers):

1. _____
2. _____
3. _____

IMPORTANT: Please provide your driver's license number and date of birth for purposes of a background check by the IDHS Human Resources. IDHS Human Resources will conduct a search of a limited criminal history, Sex Offender Registry and the Bureau of Motor Vehicles.

Driver's License #: _____

Date of Birth: _____

===== **==IDHS Use Only** =====

Background Checks completed by: _____

IDHS Human Resource Approval: Yes No **Signature:** _____ **Date:** _____

IDHS Intern/Volunteer Coord. Approval: Yes No **Signature:** _____ **Date:** _____