

INTERN APPLICATION (Unpaid)

(Applicants must be at least 18 years old)

PERSONAL INFORMATION:

Г	rst	Middle	Last
Home Address:	Street		Apt. No.
			·
	City	State	Zip Code
E-mail:			
Home Phone:	Office Phone:		
Cell Phone:		(For Emergency Use O	nly, unless otherwise instructed)
Date of Birth:	(mm/	/dd/yy) Gender:	(M/F) Ethnicity:
Are vou a citizen of	f the United Sta	ates? (Check One) YES	NO
If ves. please bring	vour driver's	license or birth certificate to	the Volunteer Information Sessio
	-		the Volunteer Information Sessio
	-	license or birth certificate to a tion of your status in the U.S.	the Volunteer Information Sessio
	-		the Volunteer Information Sessio
If no, please provid	le documentati	ion of your status in the U.S.	the Volunteer Information Sessio
If no, please provid	le documentati	ion of your status in the U.S. EMENTS	
If no, please provid	le documentati	ion of your status in the U.S. EMENTS	the Volunteer Information Sessio
If no, please providence of the providence of th	le documentati	ion of your status in the U.S. EMENTS Dates of	
If no, please provide ERNSHIP DETAIL Class: Professor:	le documentati	EMENTS Dates of Email:	Enrollment:
If no, please providence providen	LS / REQUIR	EMENTS Dates of Email:	Enrollment: Phone:End Date:
ERNSHIP DETAIL Class: Professor: Internship Start Da	LS / REQUIR	EMENTS Dates of Email: Internship	Enrollment: Phone:End Date:
ERNSHIP DETAIL Class: Professor: Internship Start Da Internship Requirer Number of Intern H	te:nents: Please	EMENTS Dates of Email: Internship submit any relevant docume	Enrollment: Phone: End Date: ntation with your application.
ERNSHIP DETAIL Class: Professor: Internship Start Da Internship Requirer Number of Intern H	te:nents: Please	EMENTS Dates of Email: Internship	Enrollment: Phone: End Date: ntation with your application.
ERNSHIP DETAIL Class: Professor: Internship Start Da Internship Requirer Number of Intern H	te:nents: Please	EMENTS Dates of Email: Internship submit any relevant docume	Enrollment: Phone: End Date: ntation with your application.

GED/High School: College: ______ Degree: _____ Field of Study: _____ Other Education and/or Training: Professional Certification: **EMPLOYMENT INFORMATION:** Present Employment: _____ Dates of Employment: _____ Position Title: ______ Name of Supervisor: _____ Business Address: Telephone: _____ **VOLUNTEER/INTERN EXPERIENCE:** Organization: Dates with Organization: Volunteer Work Performed: Organization: _____ Dates with Organization: _____ Volunteer Work Performed: **HEALTH INFORMATION:** Do you have any health condition which could impair your proficiency in your work? (Check One) ()Yes ()No If yes, please explain: **ACTIVITY INFORMATION:** Do you speak any languages other than English? (Check One) ()Yes ()No Language: ____ Speak fluently | Read fluently | Write fluently

EDUCATION COMPLETED: (with level attained)

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Name:		Phone No	
Street Address:			
Town/City:			Zip:
Email:			
Relationship:			
Name:		Phone No	
Street Address:			
Town/City:			Zip:
Email:			
Relationship:			
Name:		Phone No	
Street Address:			
Town/City:			Zip:
Email:			
Relationship:			
MERGENCY CONTA	CT INFORMATION	ON:	
Address:			
			Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	
I hereby affirm that	the information p	orovided by me on t	his form is true and comp

PHONE: 703-246-3033 | FAX: 703-273-7554 | <u>www.oarnova.org</u> | <u>info@oarnova.org</u>

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Instructions for Adding Text to a PDF Document

- Download and save the file to your computer
- Open the PDF document
- Click on the "Fill & Sign" tab on the right side or top of the document



- The IAB cursor will appear on the screen. Move the cursor to the "NAME" field.
- Fill out the name field and **ALL** the fields on the application
- Add your **Signature**:



- Click on the SIGN tab at the top of the page
- Follow the instructions to create a signature
- Drag and drop your signature on the signature line on page #3
- Add the date to the signature line
- Save the completed document to your computer
- Attach the completed application to an email and send it to shurst@oarnova.org
 - √ Fax document to OAR NOVA/Sarah Hurst
 - ✓ Fax number: (703)273-7554
 - ✓ Mail hard copies to:

OAR NOVA Attn: Sarah Hurst/Volunteer Program Manager 10700 Page Ave Suite 200

Fairfax, VA 22030

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