



INTERN/VOLUNTEER APPLICATION

Neighborhood House Association
5660 Copley Drive | San Diego, CA 92111
www.neighborhoodhouse.org
Tel: 858.715.2642 | Fax: 858.715.2677

APPLICANT INFORMATION

Please provide us with the following information.

Name: _____ Today's Date: _____
First Name/Middle Initial/Last Name Month/Day/Year

Best Number To Reach You: _____ Date available to start: _____

What is your availability?

Mon _____ to _____ Tues _____ to _____ Wed _____ to _____ Thurs _____ to _____ Fri _____ to _____

Email: _____ Are you at least 18 years of age? Yes ☐ No ☐

AREAS OF INTEREST

Please indicate which program(s) you are interested in.

☐ Corporate Office Head Start Ages 3-5 Early Head Start The Homework Center
(Closed in Summer) Ages 0-3 years (Closed in Summer)

☐ Nutrition Services Social Services: write in program name _____

☐ Other program not listed (Please Explain): _____

Specific Position Interested In (If Known): _____

For Head Start Applicants Please Provide Center(s) of Interest If Known: _____

INTERN/VOLUNTEER INFORMATION

Please complete all information in full. Be as detailed as possible.

Is interning/volunteering a requirement for school, court order, or other reason? Yes No

If yes, is it for High School College/Vocational School Court Order Other

How many hours must be completed? _____

What is the required timeframe for completing the hours? _____

Please further explain the requirement. For school requirements, include the school you are attending, for court orders, include the offense and for "other," explain.

If this is not a requirement, are you interested in a commitment that is... Temporary only Regular schedule Once in a while

How many hours are you willing to commit to volunteering with NHA each month? _____

For all applicants, what are your goals or what are you hoping to accomplish through interning/volunteering with NHA?

Name: _____
First Name/Middle Initial/Last Name

BACKGROUND, EDUCATION AND EMPLOYMENT HISTORY

Please provide as much information as possible to help us better understand your qualifications.

Summarize any skills and/or previous experience relevant to the program(s) of interest.
Please include any languages you're fluent in / special training you've received.

Select your highest ☐ Some High School ☐ GED/ High School Diploma ☐ Bachelor's ☐ Master's ☐ Ph.D.
level of education:

Area(s) of Concentration: _____

School Currently Enrolled At (If Relevant): _____

Current Employer: _____

Previous Employer: _____

Current Position: _____

Previous Position: _____

Equal Opportunity Employer

It is the policy and practice of the Neighborhood House Association to select and promote employees based on their qualifications and ability to do the job without regard to sex, actual or perceived sexual orientation, race, color, religious creed, national origin, physical disability/ mental disability, medical condition, age, pregnancy and marital status.

EMERGENCY CONTACT INFORMATION

Please provide us with the following information.

Name: _____ Home Phone: _____
First Name/Middle Initial/LastName

Street Address: _____ Cell Phone: _____

City/ State/ Zip Code: _____

CRIMINAL HISTORY DISCLOSURE

Please answer the following question completely and truthfully. Answering "yes" will not necessarily disqualify you from taking part in volunteer activities. Applicants will be evaluated individually, based upon their own merit.

Have you ever been convicted of or pleaded no contest to a crime? Yes No

If yes, please explain: _____

Additionally, a criminal background check is performed on all volunteers. Please provide your full name, your social security number and sign and date below so we can further evaluate your background.

I _____, hereby authorize Neighborhood House Association to thoroughly investigate
Printed Name
my work record, education and criminal history related to my suitability for volunteering. In addition, I hereby release NHA, its employees, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

Applicant Name (Signed Name) Date

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.

Applicant Name (Printed Name) Applicant Name (Signed Name) Date

If Under 18, your Parent must sign below

Parent's Name (Printed Name) Parent's Name (Signed Name) Date

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