



## **Application for Volunteers and Interns**

Today's Date: \_\_\_\_\_

### **Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in volunteering? ☐ Personal interest ☐ Educational Internship

☐ Community Service Hours ☐ Court ordered ☐ Other \_\_\_\_\_

Age \_\_\_\_\_ over 18 \_\_\_\_\_ under 18

Have you ever received services from My Sistahs Keeper?

Do you have a valid driver's license?

Do you have a car available for use while volunteering?

### **Experience and Education**

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Does your current employer have (check all that apply): ☐ Program for volunteering

☐ Donation matching program ☐ Grant preference to organizations where you volunteer

### **Your Interests at My Sistahs Keeper**

How did you learn about MSK? ☐ Ad ☐ Website ☐ College/University ☐ Kerr Employee

☐ Current Volunteer ☐ Other *Please specify* \_\_\_\_\_

How long can you commit to volunteering? ☐ One time ☐ Occasionally ☐ 3-6 months

☐ 6 months or more ☐ Other \_\_\_\_\_



What days are you available? ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays  
☐ Saturdays ☐ Sundays

What times are you available? ☐ Mornings ☐ Afternoons ☐ Evenings

Do you prefer to work (check all that apply) ☐ Directly with people served ☐ Behind the scenes  
☐ Computers ☐ Maintenance ☐ No preference

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak \_\_\_\_\_ ☐ Basic ☐ Conversational ☐ Fluent  
\_\_\_\_\_ ☐ Basic ☐ Conversational ☐ Fluent

Do you have any special needs or restrictions we should be aware of?:

Date you can begin service:

### **Criminal History**

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? ☐ Yes ☐ No  
If yes, explain.

### **Please describe in 3-5 sentences why you want to be a volunteer or intern at My Sistahs Keeper:**

Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?



*My Sistahs Keeper considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Manager.*

#### AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having My Sistahs Keeper complete a criminal background check prior to volunteering.
3. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date

#### DRUG AND ALCOHOL TESTING CONSENT

My Sistahs Keeper recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its interns/volunteers. While the vast majority of interns/volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, in the presence of Agency clients, while on duty, during rest periods and break periods, while attending an Agency-sponsored event.
2. Interns/Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate an intern/volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
3. The agency retains the right to require any intern/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.
4. Interns/volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.
5. New interns/volunteers will be required to report for drug testing after a placement offer has been made but before reporting for the assignment.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the My Sistahs Keeper Drug and Alcohol Policy. I understand that any offer of placement with the Agency may be contingent upon the successful completion of drug testing before beginning assignment, and I consent to testing according to My SistahsKeeper policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date



## My Sistahs Keeper

### Volunteer Reference Check

\_\_\_\_\_ is applying for a Volunteer/Intern position with My Sistahs Keeper and has listed you as a reference. Please assist us returning this completed form to the Community Relations Manager.

**Reference:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

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What are some of the applicant's greatest strengths?

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What are some of the applicant's greatest challenges?

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If applicable, would you recommend this person to volunteer with Homeless women with children?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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Please provide a phone number where we can best reach you: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_