



**Student Volunteer/Intern Application**

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

School Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_

I would like/am available to serve (please check) Tuesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Both: \_\_\_\_\_

I can serve the full time (9:30 – 2:15) on the day(s) I selected above; Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered “No” to the above question, please indicate your availability: \_\_\_\_\_

**Volunteer/Work Experience (most recent first):**

Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Title/Responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Title/Responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Title/Responsibilities: \_\_\_\_\_

**References** (Must be someone you have known for at least a year and who is not a relative.)

**Please include at least one professional reference (co-worker, supervisor, etc.).**

	Name	Address	City	State/Zip	Phone #/Or Email	Relationship
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

How did you hear about our program? \_\_\_\_\_



Have you ever been convicted of a felony?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Tell about a significant experience you have had with a senior citizen and how that has inspired you to apply to become a volunteer/intern for the Home Away from Home Respite Center?

Do you have experience working with senior citizens? If so, please describe.

What are you hoping to accomplish through this internship/volunteer opportunity? Please be specific.

**For Intern Applicants ONLY**

SUNY Geneseo faculty/staff internship coordinator: \_\_\_\_\_

Number of Credits requested for internship? (Must be at least 1 credit. Each credit = 40 hours): \_\_\_\_\_

Will this credit go towards your major/minor? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*\*\*\*\*

By signing my name below, I affirm that the information on this application is true and accurate.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed application form to:

Sharon Leary  
Program Coordinator  
Home Away from Home Respite Center  
Center for Community  
MacVittie College Union 353  
Geneseo, NY 14454