



**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 (9:300 – 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

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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