

**Family Education & Support Services**  
**1202 Black Lake Blvd., Suite B Olympia, WA 98502**  
**360-754-7629**

***Internship & Volunteer Application***

Name (Last, First, and Middle Initial)			Date of Birth		
Mailing Address (Include apartment number, if any)		City	County	State	Zip
Day Phone No.		E-Mail Address			
How did you learn of the Volunteer opportunity?					
<input type="checkbox"/> Office Visit, Employee, or our Website?		<input type="checkbox"/> College or other School? Which One _____			
<input type="checkbox"/> Newspaper? Which One _____		<input type="checkbox"/> Other? Please Describe _____			

**Interest and Availability:**

Why would you like to volunteer at Family Education and Support Services (FESS)?

What interests or special skills/hobbies do you have?

Do you have a specific program that you would like to volunteer with at FESS?

In what way would you prefer to spend your time?

- Data Collection     Office/Administrative (data entry, filing, etc.)     Community Events     Office projects/tasks  
 Other Please describe \_\_\_\_\_

How many hours would you be willing to give? \_\_\_\_\_  Weekly     Monthly

**References: Give the names of three persons not related to you, whom you have known at least 3 years**

Name	Address, Phone, Email	Company/Organization (Where associated from)	Years Acquainted
1.			
2.			
3.			

***If applying for an internship, please complete the information on the back side of this page***

Name of School or Referring Agency: \_\_\_\_\_

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

Area of Study/Program/Degree: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Term of Internship:  3 month  6 month  Other: \_\_\_\_\_

Is there a specific program you are interested in working with?

What are your goals through completing an internship with Family Education and Support Services?

What skills/knowledge would you like to *apply* to your term with our organization?

What skills/knowledge would you like to *gain*?

Why would you like to complete an internship with our organization?

Do you agree to complete the term (duration) of your Internship?  Yes  No

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Hand deliver or mail to:** Family Education and Support Services 1202 Black Lake Blvd., Suite B Olympia, WA 98502. Thank you for your interest in volunteering with Family Education and Support Services.

Family Education and Support Services is an Equal Opportunity Employer