

## Volunteer/Intern Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering/interning with us. Please attach a resume (if you have one) with your work and education history.

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

Street Address: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone (work, home, cell): \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

If you're under age 18, please list your age.

\_\_\_\_\_

Why are you interested in volunteering/interning with HHCLA? Include if this is for a school internship, court ordered or school community service, etc.

\_\_\_\_\_

\_\_\_\_\_

If this is for a school internship, please provide the name of the school and advisor name and contact information:

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Do you have a degree or certification for the volunteer/Intern position in which you are applying?

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How do you feel about working with homeless people?

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What do you hope to gain from your experience at HHCLA?

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How many hours per week do you want to volunteer/intern and for what period of time?

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Please list the times that you will be available to volunteer/intern?

Hours	Monday	Tuesday	Wednesday	Thursday	Friday

What skills, training, or knowledge do you have that will assist in volunteering/interning?

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Please check the kind of volunteer/intern work you would be willing to do to benefit HHCLA:

Answering Phones \_\_\_ Greeting Visitors\_\_\_ Data Entry/Word Processing \_\_\_

Curriculum Development/Training\_\_\_ Grantwriting \_\_\_ Copying\_\_\_/Filing\_\_\_

General Office\_\_\_ Other \_\_\_\_\_

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Please check which department you would like to volunteer in:

Development/Fundraising \_\_\_ ITP (integrated Treatment Program) \_\_\_ CASC (Community

Assessment Service Center \_\_\_ AHH (Access to Health and Housing) \_\_\_

Needle Exchange/HAW Program \_\_\_ Administration/Training and Education \_\_\_ Vendome \_\_\_

Have you ever been convicted of a crime? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following carefully before signing this application:**

I \_\_\_\_\_ understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with HHCLA that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by HHCLA. I understand that a background check through the Universal may be run before I begin my volunteer/intern service with HHCLA. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with HHCLA or my termination as a volunteer/intern.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Parental Permission (If under 18 years of age)**

This section is required for any person under the age of 18 in order to be considered as a volunteer/intern with HHCLA.

I, \_\_\_\_\_, agree to that my child \_\_\_\_\_  
PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR

May participate in the HHCLA Volunteer/Intern Program, I have read and understood all the volunteer/intern information provided. I will be responsible for the transportation of my teen to and from volunteer/intern jobs and events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax to:** 213.748.2432

**Mail to:** 2330 Beverly Blvd. , Los Angeles, CA 90057