



UNPAID VOLUNTEER/INTERN APPLICATION

Grant County
 35 C St. NW
 Ephrata, WA 98823
 Phone: 509.754.2011, Fax: 509.754.6588
 HRSupport@grantcountywa.gov

Office Use Only
Department: _____
Contact: _____
Accepted by Department: <input type="checkbox"/> Yes <input type="checkbox"/> No

TODAY'S DATE: _____

PERSONAL INFORMATION

Name: _____		
(Last)	(First)	(Middle)
Mailing Address: _____		Primary Phone: _____
(Street and Number)		
_____		Alternate Phone: _____
(City)	(State)	(Zip)
Email Address: _____		
Person to call in an emergency: _____		Phone Number: _____

How did you hear about intern opportunities at Grant County:

<input type="checkbox"/> Friend	<input type="checkbox"/> Grant County Website	<input type="checkbox"/> Other _____
<input type="checkbox"/> School Requirement	<input type="checkbox"/> Association with school program	

EDUCATION AND SKILLS

Do you need community service hours for: (check if applicable) <input type="checkbox"/> High School <input type="checkbox"/> College	List any special training, education, skills or hobbies that help us to better place you as an intern.	Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.
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WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
Dates: FROM: _____ TO: _____		Reason for Leaving:
Employer Name and Address:	Phone:	Duties:
Dates: FROM: _____ TO: _____		Reason for Leaving:
Employer Name and Address:	Phone:	Duties:
Dates: FROM: _____ TO: _____		Reason for Leaving:

Have you ever been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Remarks (attach additional sheets if necessary):

VOLUNTEER/INTERNSHIP INFORMATION

PLEASE CHECK THE TYPE OF VOLUNTEER/ INTERNSHIP WORK YOU WOULD LIKE TO DO:
All potential interns are subject to a criminal background check

- | | |
|---|--|
| <input type="checkbox"/> Assessor
<input type="checkbox"/> Auditor
<input type="checkbox"/> Clerk's Office
<input type="checkbox"/> BOCC Office
<input type="checkbox"/> Planning and Building
<input type="checkbox"/> District Court
<input type="checkbox"/> Emergency Management
<input type="checkbox"/> Facilities and Maintenance
<input type="checkbox"/> Fair and Fair Grounds
<input type="checkbox"/> Grant Mental Healthcare
<input type="checkbox"/> Directions in Community Living
<input type="checkbox"/> New Hope Domestic Violence | <input type="checkbox"/> Human Resources
<input type="checkbox"/> Prevention and Recovery Center
<input type="checkbox"/> Prosecuting Attorney's Office
<input type="checkbox"/> Public Defense
<input type="checkbox"/> Public Works
<input type="checkbox"/> Sheriff
<input type="checkbox"/> Jail
<input type="checkbox"/> Superior Court
<input type="checkbox"/> Technology Services
<input type="checkbox"/> Treasurer's Office
<input type="checkbox"/> Youth Services
<input type="checkbox"/> Other: _____ |
|---|--|

Please list any physical limitations that need to be accommodated to help you volunteer.

Please state what days and times you are available to volunteer.

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:							

I understand that, as an intern/volunteer, I am representing Grant County and will adhere to the guidelines set forth by the program.

I acknowledge that the County has extended its workers' compensation coverage to interns/volunteers and I agree to accept that coverage. I acknowledge that loss or damage of personal property used while providing internship services is not reimbursable under County regulations.

Signature _____

Date _____