

LOOKING UPWARDS, INC. VOLUNTEER/INTERN APPLICATION

Date: _____ Name: _____

Telephone # () _____ E-mail Address: _____

Address: _____

City/Town: _____ State: _____ Zip Code _____

Emergency Contact Person: Name: _____

Phone: _____ Relationship: _____

EDUCATION

	Name & Location	Major	Dates Attended	Degree Obtained
High School				
College				
Other				

VOLUNTEER AND PAID EXPERIENCE

Employer	Position	Duties	Dates	Reason for Leaving

SPECIAL SKILLS OR PROFESSIONAL MEMBERSHIPS/ORGANIZATIONS

Please give any other information you feel is pertinent to your application

REFERENCES (Please exclude relatives)

1. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Have you ever been convicted of a felony: _____ Yes _____ No

The above information is accurate and correct to the best of my knowledge. I agree to maintain Looking Upwards policy of confidentiality in my volunteer work.

(Applicant Signature)

Opportunities for volunteers/interns are provided without regard to race, color, religion, sex, national origin, age, sexual orientation, identification or expression, disability, military status or any other legally protected status in accordance with applicable state and federal laws



DO NOT WRITE BELOW THIS LINE

Interviewed _____ by _____

Orientation conducted _____

Placement _____ Days _____ Hours _____

Supervisor _____

Special Comments _____
