

Safe Journeys
Volunteer / Intern Application

Submit to: P.O. Box 593, Streator, IL 61364
or 512 N. Bloomington St., Streator, IL 61364
or email to info@safejourneysillinois.org

Date: _____

Name: _____
Last First MI

Address: _____ City: _____

State _____ Zip code: _____ Email: _____

Phone (day): _____ Phone (evening): _____

Best time of the day to contact: _____

Education: _____

High School: _____
Name Address Years attended Degree Major

College: _____
Name Address Years attended Degree Major

Employment history (please list beginning with the most recent):

Name of employer _____ Dates of employment _____

Position / title _____

Duties _____

Name of employer _____ Dates of employment _____

Position / title _____

Duties _____

Name of employer _____ Dates of employment _____

Position / title _____

Duties _____

Volunteer or Internship Experience

Name of organization _____ Dates of service _____

Position & duties / contributions _____

Name of organization _____ Dates of service _____

Position & duties / contributions _____

Do you speak any foreign languages? _____

If yes, please list: _____

How did you learn about volunteer / intern opportunities at Safe Journeys? _____

Please explain your interest in volunteering / interning for Safe Journeys: _____

Please check all areas in which you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Medical on-call | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Answering support line & working in shelter | <input type="checkbox"/> Administrative tasks |
| <input type="checkbox"/> Co-facilitate support group | <input type="checkbox"/> Design & write newsletter, brochures, etc. |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Building and/or yard maintenance |
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> IT |
| <input type="checkbox"/> Activism / awareness promotion | <input type="checkbox"/> Other _____ |

If you are accepted as a volunteer, when are you available?: _____

Special training, interests, and/or achievements: _____

References (non-relative) :

I authorize Safe Journeys to obtain information about me from my previous employers and references. I authorize my previous employers to disclose to Safe Journeys such information about me as Safe Journeys may request. I verify that the statements I have made in this application are true and complete. I understand that if I am accepted as a volunteer or intern, any false or incomplete statements in this application will be grounds for termination of volunteer / intern status.

Applicant signature: _____ Date: _____

For internal use only:	
Date received: _____	By whom: _____
Candidate Contact Date: _____	By whom: _____