



Volunteer/Internship Application Form

Date: _____ Birth Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Alternative Email: _____

Position applying for (circle one): Volunteer Internship

Please complete this section if you are seeking an internship or volunteer experience that is relative to a school program:

School: _____ Internship/volunteer for credit: YES or NO

Supervisor/Advisor Name: _____

Telephone Number: _____ Email: _____

of credits: _____ # of hours required: _____ Major: _____

Availability:

It is desired that NUMAS Haus be staffed 24 hours a day, seven days a week with staff or volunteers.

Shifts available will be day shifts (8am-4pm), evening shifts (4pm-10 pm) sleeping overnight shifts (10pm-8am). Partial shifts are also available. You can volunteer as little or as much as you desire. Weekend Shifts are: day shift (8am to 3pm), evening shift (3pm to 10pm), and overnight (10pm to 8am)

Overnight shift is allowed to sleep up to eight hours.

Hours available:

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Please list any special consideration or needs that we should be aware of: _____



Areas of Interest for interns: Please check the area(s) that interests you.

<input type="checkbox"/> Staffing NUMAS Haus	<input type="checkbox"/> Assist with Case Management of Residents
<input type="checkbox"/> Counseling	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant Writing/Administration	<input type="checkbox"/> Other

Emergency Contact Information: _____

 (Street) (City) (State) (Zip)

Email: _____ Phone #: _____

References: Do not list relatives

#1 Name: _____ **Phone #:** _____

 (Street) (City) (State) (Zip)

Email: _____ How long known: _____ (years)

READ CAREFULLY BEFORE SIGNING:

I certify that the above information is true and correct to the best of my abilities. My signature indicates my permission for NUMAS Haus to check my references and verify my abilities. Opportunities are provided solely on individual merit of applicants related to specific volunteer/intern assignment requirements and without regard to religion, creed, race, national origin, age, gender, or sexual orientation.

I recognize that any volunteer/internship position are subject to:

- My ability to perform the essential job functions with or without accommodations
- Receiving satisfactory reports from all references.
- Satisfactory completion of background check in accordance with all positions at NUMAS Haus
- Approval by the Shelter Coordinator of NUMAS Haus
- My agreeing to abide by all agency policies and procedures
- My successful completion of the interview process
- My successful completion of any requirements of the specific program and NUMAS Haus

I acknowledge that my placement is at will and the NUMAS Haus reserves the right to terminate me at any time or without any cause and with or without notice. I understand that no practice or policy of the company relating to termination procedures alters the at-will nature of my placement in any way.

Signature

Date



Insurance: Worker's compensation covers medical costs for paid employees only. We encourage volunteers and interns to be covered by their own insurance for any medical costs that may occur as a result of their volunteer/internship experience. NUMAS Haus is not responsible for these costs.

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize **NUMAS Haus** to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying per Minnesota Statute Section 13.87, subdivision 3(f). I understand that **NUMAS Haus** will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering/interning will not be processed further.

Date of Birth _____

Social Security Number _____

Signature of Volunteer/Intern

Date

Volunteer/Intern's Name - Printed