SLA Save Latin America

Education, Wellness, Social & Economic Development for the Community.

Providing educational counseling, health services and to offer extended business and employment opportunities to the Hispanic communities.

INTERN/VOLUNTEER APPLICATION

CONTACT INFORMATION: *Please Print*

Today's Date		Date of Birth	
First Name			
Last Name			
Address		Apartment	
City		State	ZipCode
E-mail Address			

Phone	Home	
	Work	
	Mobile	

Emergency Contact Name		Phone	

Education

School		Major	
Highest Year Completed	Please Circle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+	

AVAILABILITY: Please Check Appropriate Boxes for Days Available and Add Timeframes

□ Monday		□ Tuesday		□ Wednesday		□ Thursday		□ Friday	
AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

Weekends: □ Yes □ No   □ Saturday   □ Sunday   □ Special Events   □ Holidays

References	Name		Phone	Relationship	Years Known
	Name		Phone	Relationship	Years Known
	Name		Phone	Relationship	Years Known

WORK EXPERIENCE	**Employer**	**Address**	**Phone**	**Dates**
Current Employment				
Previous Employment				

I understand and certify that any false information that I have provided or omitted on my application may be reason for withdrawal of my application. I also understand and acknowledge that either party will be able to dismiss this volunteer relationship at any time and that the submission of this application does not guarantee to become a volunteer. If I am accepted as a volunteer I agree to serve under the leadership, guidance, and procedures Save Latin America, Inc. mandates during my service as a volunteer.

Printed Name:_____

Signature:_____Date:_____

For Office Use Only:

Date Interviewed	**Start Date**	**Exit Date**