



VOLUNTEER/STUDENT INTERN APPLICATION

Personal Information:

Name: _____ D.O.B.: _____

(Please print full name clearly including middle initial)

Current Street Address: _____

Apt. #

City: _____ State: _____ Zip Code: _____

Phone#: _____ Email Address: _____

For Student Interns Only:

High School/College: _____ Class: _____

Instructor: _____

Emergency Contact(s):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____

Relationship to Applicant: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____

Relationship to Applicant: _____



LEXINGTON
Family Services

BACKGROUND:

What is your primary language? _____English _____Spanish _____French _____Signing
(Check one)

_____Other: _____

Do you speak another/secondary language? _____ English _____Spanish _____French
(check all applicable)

_____Signing _____ Other: _____

Preferred Work/Volunteer Hours:

Mon. _____ to _____ Tues. _____ to _____ Wed. _____ - _____ Thurs. _____ - _____ Fri. _____ - _____

Limitations (please list any limitation that will hinder your performance): _____

How did you hear about the volunteer opportunities at the Family Care Center?

- ___ Word of Mouth
- ___ Advisor/Professor
- ___ KTAP Office
- ___ LFUCG Website
- ___ Social Media
- ___ Volunteer Websites
- ___ Newsletter
- ___ Outreach Event
- ___ Other: _____

For Use by Volunteer Coordinator:

This applicant has been referred to the following department(s):

HANDS Parent Ed Family Service Coord. Child Care Public Service Other



LEXINGTON
Family Services

REFERENCES: Please list three references that are **NOT** related to you by blood or marriage:

Full Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____
 What is your relationship with this person? _____
 How long have you known this person? _____

Full Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____
 What is your relationship with this person? _____
 How long have you known this person? _____

Full Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____
 What is your relationship with this person? _____
 How long have you known this person? _____

I hereby certify that all of the information on this application is true and correct to the best of my knowledge. My signature below authorizes Lexington-Fayette Urban County Government, Department of Social Services to make necessary checks to determine suitability to serve as an Intern or Volunteer. This may include, but is not limited to checks of any criminal records, background and references. These checks will be conducted before service begins. All information collected will be held in strict confidence. I understand that the Department of Social Services and/or program reserve the right to reject this application for any reason.

Signature of Applicant

Date