

Internship Application



Contact Information

Name	
Street Address	
City, St. Zip	
Preferred phone	
E-Mail Address	
Highest Education Degree Completed	
Complete Name of Educational Institution Associate with Internship	
Major/Minor	
GPA	
Type of Degree Pursuing	
Expected Date of Graduation	
Total # of hours to meet internship requirements or average # of hours/week	
Number of credits the educational institution will grand for this internship	
Explain how this educational opportunity will benefit you (the Intern)	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Other (please specify):

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Child Care volunteer at The Respite Center
- Child Care provider for special events
- Administration/Clerical support
- Special Events
- Building, Landscaping, Maintenance support
- Fundraising Support
- Other: _____
- Other: _____
- Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

References:

Name	
Phone	
Email address	
Relationship	
Name	
Phone	
Email address	

Relationship	
Name	
Phone	
Email address	
Relationship	

Person to Notify in Case of Emergency

Name	
Street Address	
City, St, Zip	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, religion, gender identity, national origin, age, disabilities, political beliefs, color, marital status, sexual orientation, sex, income level or source of income, arrest record or conviction record, less than honorable discharge, physical appearance, student status, or genetic information.

RISE may require a criminal background check based on volunteer position. By signing this form, you authorize us to proceed with the background check and references as deemed necessary.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please send your application to:

RISE, 1334 Dewey Court – Madison, WI 53703

Email: Internship@RISEwisconsin.org

FAX 608.250.6637

OPTIONAL INFORMATION

Organizations that provide funding for our programs occasionally request demographic information about our volunteers. Answers to the following questions would be helpful, but not required. Any information you provide **will not** be used to determine your suitability as a volunteer.

Your Gender: Male Female Non-Binary

Your Age: Under 18 18-59 60+

Your Race/Ethnicity: White Black/African American Hispanic/Latino
 Native American or Alaskan Native Asian Native Hawaiian/Hawaiian/Another Pacific Islander
 Multi-Race (All persons who identify with more than one of the above races)

Do you consider yourself to be a "person with disability" (physical or mental impairment which substantially limits one or more major life activities)? Yes No

**Thank you for completing this application form and for your interest in volunteering with RISE!
A volunteer representative will be contacting you soon.**

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Email: Internship@RISEwisconsin.org

FAX 608.250.6637