



UNPAID VOLUNTEER/INTERN APPLICATION

Grant County

35 C St. NW
Ephrata, WA 98823
Phone: 509.754.2011, Fax: 509.754.6588
HRSupport@grantcountywa.gov

Office Use Only
 Department: _____
 Contact: _____
 Accepted by Department: Yes No

TODAY'S DATE: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
 (Street and Number)

 (City) (State) (Zip)

Primary Phone: _____
 Alternate Phone: _____

Email Address: _____

Person to call in an emergency: _____ Phone Number: _____

How did you hear about intern opportunities at Grant County:

- Friend Grant County Website Other _____
 School Requirement Association with school program

EDUCATION AND SKILLS

Do you need community service hours for: (check if applicable)

- High School College

List any special training, education, skills or hobbies that help us to better place you as an intern.

Bilingual Skills - Please indicate language(s) and if you speak, read and/or write the language.

WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	

Have you ever been discharged or forced to resign from any position? Yes No

Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties.

- Yes No

Has your driver's license ever been suspended or revoked? Yes No

Remarks (attach additional sheets if necessary): _____

VOLUNTEER/INTERNSHIP INFORMATION

PLEASE CHECK THE TYPE OF VOLUNTEER/ INTERNSHIP WORK YOU WOULD LIKE TO DO:
All potential interns are subject to a criminal background check

- | | |
|---|--|
| <input type="checkbox"/> Assessor
<input type="checkbox"/> Auditor
<input type="checkbox"/> Clerk's Office
<input type="checkbox"/> BOCC Office
<input type="checkbox"/> Planning and Building
<input type="checkbox"/> District Court
<input type="checkbox"/> Emergency Management
<input type="checkbox"/> Facilities and Maintenance
<input type="checkbox"/> Fair and Fair Grounds
<input type="checkbox"/> Grant Mental Healthcare
<input type="checkbox"/> Directions in Community Living
<input type="checkbox"/> New Hope Domestic Violence | <input type="checkbox"/> Human Resources
<input type="checkbox"/> Prevention and Recovery Center
<input type="checkbox"/> Prosecuting Attorney's Office
<input type="checkbox"/> Public Defense
<input type="checkbox"/> Public Works
<input type="checkbox"/> Sheriff
<input type="checkbox"/> Jail
<input type="checkbox"/> Superior Court
<input type="checkbox"/> Technology Services
<input type="checkbox"/> Treasurer's Office
<input type="checkbox"/> Youth Services
<input type="checkbox"/> Other: _____ |
|---|--|

Please list any physical limitations that need to be accommodated to help you volunteer.

Please state what days and times you are available to volunteer.

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:							

I understand that, as an intern/volunteer, I am representing Grant County and will adhere to the guidelines set forth by the program.

I acknowledge that the County has extended its workers' compensation coverage to interns/volunteers and I agree to accept that coverage. I acknowledge that loss or damage of personal property used while providing internship services is not reimbursable under County regulations.

Signature _____

Date _____