# The Domestic and Foreign Missionary Society

**(“DFMS”)**

# New Volunteer/Intern Application

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| Contact Information |
|  |
| Name |  |
| Current Address |  |
| Permanent Address (if different from above) |  |
| Home Phone |  |
| Work Phone |  |
| Cellular |  |
| E-mail Address |  |

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| --- |
| Work Experience |
|  |
| Occupation |  |
| Current (or Last) Employer |  |
| Address |  |
| Position/Title |  |
| Employment Dates |  |
| References: A minimum of three references required. Please include at least two for employers (current or past) and one personal reference who knew you longer than 5 years. Please list name, address telephone number and e-mail address. |
|  |
| Employer Reference |  |
| Employer Reference |  |
| Personal Reference |  |
| Education |
|  |
| **High School** |  |
| Address |  |
| Attendance Dates |  |
| Concentration/Degree |  |
| **College** |  |
| Address |  |
| Attendance Dates |  |
| Concentration/Degree |  |

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| Why would you like to volunteer at the Episcopal Church? |
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| What working experience(s) have helped you to prepare for this position? |
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| Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected? If so please explain.  |
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| Have you ever been convicted of a crime? [ ] Yes [ ] No If yes please provide a full description including dates and circumstances. |

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| Is there any other information that you would like to include that might be helpful?  |
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| Contact In Case of Emergency |
| Name  |
| Relationship  |
| Contact Number |  |

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| Internship Section (Non-Internship Volunteers skip this section)Internship Title:Summary of Internship Activities and Responsibilities: |
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| How do you believe you are qualified to serve as an Intern doing these activities and responsibilities? |
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| What do you believe you will learn and how might you apply it in the future? |
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## ACKNOWLEDGMENT

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in the termination of my internship and/or volunteer services.

I authorize the DFMS to conduct a reference check so that a decision on this application may be made. In the event that the DFMS is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

If accepted as an intern and/or volunteer with the DFMS, I agree to abide by all of its policies and procedures. Further, I understand that I and the DFMS may terminate this arrangement at any time without prior notice.

**Print Name       Date**

**E-Signature:** **[ ]  Checking this BOX is the Same as the Stylized Script that Serves as my Legal Signature.**