



2015 INTERN/VOLUNTEER APPLICATION

PART I: PERSONAL INFORMATION

Name _____
LAST FIRST (Legal) MIDDLE

Home address _____
NUMBER / STREET (APARTMENT NUMBER, IF APPLICABLE) CITY / STATE / ZIP CODE

Parent/Guardian _____
LAST FIRST (Legal) MIDDLE

Telephone number () _____ Cell number () _____

E-mail address _____
PLEASE PRINT CLEARLY. PROVIDE AN E-MAIL ADDRESS YOU CHECK REGULARLY.

PART II: ACADEMIC & LEADERSHIP BACKGROUND

***Please attach a copy of your official transcript to this application.**

School: _____
NAME ADDRESS (Legal) TELEPHONE NUMBER

Academic Standing: _____
CUMULATIVE GPA HONORS/ACCOLADES

Graduation Date: _____

LIST ADDITIONAL CERTIFICATIONS:

LIST LEADERSHIP EXPERIENCE/S:

ACTIVITY	DESCRIPTION

LIST OTHER EXTRA-CURRICULAR ACTIVITIES:

ACTIVITY	DESCRIPTION

PART III: WORK/VOLUNTEER EXPERIENCE (If applicable)

***Please attach a cover letter and resume. In your cover letter describe why you would like to intern for BLACK GIRLS ROCK! Inc.**

Employer/Organization

Dates of Employment:

Address:

Title:

Supervisor:

Reason for Leaving:

Employer/Organization

Dates of Employment:

Address:

Title:

Supervisor:

Reason for Leaving:

PART IV: WORK RELATED INTERESTS & AVAILABILITY

INTERESTS:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Research | <input type="checkbox"/> News/Blog |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Retail/Fashion Merchandising |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Legal | <input type="checkbox"/> Administrative/Office Assistance |

AVAILABILITY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

PART V: BACKGROUND CHECK

HAVE YOU EVER BEEN CONVICTED OF A MISDEAMENOR OR FELONY?

- Yes
 No

Last Name		First Name		M.I.	*Social Security Number	
Current Address				Since when?	Date of Birth ____/____/____	
City	State	Zip	County			
Home Phone	Drivers licenses number and state DL# _____ State _____			Date of Expiration ____/____/____		

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

I do hereby authorize the BLACK GIRLS ROCK! Inc. agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check. I do give BLACK GIRLS ROCK! Inc. permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to BLACK GIRLS ROCK! Inc. and certify that the statements I have made are true and correct. I do hereby hold BLACK GIRLS ROCK! Inc. harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above named organization. I understand that BLACK GIRLS ROCK! Inc. will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

SIGNATURE: _____

DATE: _____