

Intern Application

HEAD START EARLY HEAD START

PERSONAL

3 West Broadway, Oneonta, NY 13820

Please check what program(s) you are interested	in?
☐ Head Start ☐ Early Head Start	
Other:	

Name:(Last)		(First)			(Middle)		
Address:							
(Street)		(City)		(State)			
Telephone: (Area C	ode)	_	Email Addres	s:			
Do you possess a valid	NY State Driver's License?	,	☐ Yes ☐ N	o			
Have you been convict OFO follows N.Y.S. Correction Law: A against persons previously convicted	Article 23-A and does not unfairly discriminat	e	☐ Yes ☐ N If yes, explain				
JOB INTERESTS AN	ND SKILLS						
Volunteer Position(s) i	nterested in:		Position One:				
Use separate lines if interested in multiple positions			Position Two	:			-
Have you volunteered at OFO before? ☐ Yes ☐ No							
If yes, what program and when?							
Summarize your special skills or qualifications, including computer software used:							
Date you could begin v	volunteering:						
EDUCATION							
Type of School	Name and Location		Course of Stu	ıdy	Number of Years	Degree, Diploma, Certificate Honors Received	and
High School							
College/University							
Other Education							

EMPLOYMENT HISTOR	Y (Most Recent Employe	er)		
Name of Employer:				
Address:				Phone:
(Street)	(City)	(State)	(Zip Code)	
Supervisor and Title:			Your Title:	
Employed From	to	If this is co ☐ Yes	urrent employer, may we o	contact them for a reference?
Work Performed:				
REFERENCES (Provide a m	inimum of <u>two employmer</u> Relationship	nt-related refer	ences in the space below) Daytime Phone	Home Phone
Nume	Relationship		Dayanne Fhone	Tione mone
ACKNOWLEDGEMENTS				
Read each statement carefully befo	re signing:			
I certify that all information provided in from volunteering and may result in my	this application is correct to the dismissal if discovered at a later	best of my knowledgete.	dge. I understand that any false	information or omission may disqualify me
	n to provide relevant information			oployers (except as previously noted), and iring decision. I release such persons and
				oletion of all requirements set by OFO and ence check, tuberculosis testing, and other
I understand and fully agree that I am vo Opportunities For Otsego, Inc. and its volunteering my services.				assume all responsibility and will hold which may be sustained in the course of
I have read, understand and by my signa	ature consent to these statements	s.		
Applicant Signature:			Date:	
The following section mus	t be completed by app	licants for H	EAD START position	S
TO COMPLY WITH 45 CFR PART 130 Opportunities for Otsego policies now	01.SUBPART C, HEAD START G	RANTS ADMINIST	RATION. PERSONNEL POLIC	
Please sign the following declaration wh	nich lists:			
neglect; and 3) all convictions of violent violent felonies committed before the p	felonies. The declaration may expression to the fellonies of the declaration may expression to the fellonies.	clude: any offense, day, which was fina	other than any offense related to lly adjudicated in a juvenile cour	ed to other forms of child abuse and/or o child abuse and/or child sexual abuse or or under a youth offender law; any orrections Actor similar State authority.
York State or any other jurisdiction. No	ote that individuals who declare, t ally disqualified from volunteering	through this form, 1 g. Head Start agenci	hat they have been arrested, ch es must review each case to ass	ed of any misdemeanor or felony in New arged with or convicted of any of the ess the relevance of an arrest, charge, or
I <u>have not</u> been arrested, charged and/o	r convicted of one or more of the	e types of offenses	isted above.	
Applicant Signature:			Date:	
I <u>have</u> been arrested, charged, and/or co	onvicted of one or more of the ty	pes of offenses liste	d above.	
Applicant Signature:			Date:	