



Intern/Volunteer Application

VIOLENCE INTERVENTION PROGRAM

3 West Broadway, Oneonta, NY 13820
607.433.8038 | 607.433.8000

PERSONAL

Name: _____
(First) (Last)

Local Address: _____
(Street) (Apt) (City) (Zip Code)

Telephone: _____ Email Address: _____
(Include Area Code)

Are you currently attending school? No Yes Name of school: _____

Do you possess a valid Driver's License? No Yes

Do you have transportation to get to/from our office? No Yes *Can be private vehicle, public transportation, reasonable distance to walk/bike*

Have you been convicted of a crime? No Yes Please explain: _____

OFO follows N.Y.S. Correction Law: Article 23-A and does not unfairly discriminate against persons previously convicted of criminal offenses.

JOB INTERESTS AND SKILLS

Please briefly explain why you are interested in interning/volunteering with the Violence Intervention Program:

Have you volunteered at OFO before? No Yes Program(s): _____
When/Year: _____

Summarize your special skills or qualifications, including computer software used: _____

AVAILABILITY *Internship Hours are Monday-Friday, 8AM-5PM*

Please indicate your availability: Start Date: _____ End Date: _____

- Monday from _____ until _____
 - Tuesday from _____ until _____
 - Wednesday from _____ until _____
 - Thursday from _____ until _____
 - Friday from _____ until _____
- Please note any school breaks/vacations:

We cannot accommodate interns on weekends or hours outside 8AM-5PM.

EDUCATION *You may submit a resume in lieu of completing this section*

Type of School	Name and Location	Course of Study	Degree, Diploma, Certificate, and Honors Received
High School			
College/University			
Other Education or Certifications			

EMPLOYMENT/VOLUNTEER HISTORY *You may submit a resume in lieu of completing this section*

1. Employer/Organization: _____
 Address: _____ Date(s): _____ to _____
(City) (State) (Start) (End)
 Duties: _____

2. Employer/Organization: _____
 Address: _____ Date(s): _____ to _____
(City) (State) (Start) (End)
 Duties: _____

STUDENT INTERNS *If seeking credit hours, provide the name and contact information of your student advisor*

Advisor Name	Title/Department	Email	Phone Number

How many internship hours/credit hours do you need to meet school requirements?

VOLUNTEERS *Provide a minimum of two references in the space below*

Name	Relationship	Organization/Affiliation	Contact Phone

ACKNOWLEDGEMENTS

Read each statement carefully before signing:

I certify that all information provided in this application is correct to the best of my knowledge. I understand that any false information or omission may disqualify me from volunteering and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, employers (except as previously noted), and organizations named in this application to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer to volunteer, both the offer and continued volunteering is contingent on completion of all requirements set by OFO and the specific requirements of programs within OFO. These may include but not limited to: physical exam, background/reference check, tuberculosis testing, and other licensing requirements.

I understand and fully agree that I am volunteering my services to Opportunities For Otsego at my own risk and that I assume all responsibility and will hold Opportunities For Otsego and its employees and Board of Directors harmless for any personal injury or property loss which may be sustained in the course of volunteering my services.

I have read, understand and by my signature consent to these statements.

Applicant Signature: _____ Date: _____