

Student Project Application

If you are interested in this project and would like to apply, please 1) complete this form online, 2) save to your computer and 3) e-mail this form, resume and other applicable information to the project contact person.

Applicant Name _____

Phone _____

Email Address _____

Current Address _____

City _____

State _____ Zip _____

How did you hear about this opportunity?: _____

Position(s) applying for: _____

What date can you start working? ____ / ____ / _____

Personal Information:

Would you have transportation to/from work? Y or N

What are your areas of interest in regards to this project?

Please describe any experience you have related to the project.

Are there any special certifications or licenses that you hold (ex. CPR/First Aid)?

Please mark your availability below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
Afternoon							
Evening							

College / University:

School name: _____

School address: _____

School City _____

State _____ Zip _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Do you speak, write or understand any foreign languages? Y or N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

References

List below two persons who have knowledge of your work/volunteer experience within the last four years. Please include professional references only.

Name - First, Last: _____

Telephone Number: _____

Address: _____

City _____

State _____ Zip _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City _____

State _____ Zip _____

Occupation: _____

Number of Years Acquainted: _____