

UNPAID VOLUNTEER/INTERN APPLICATION



Island County
1 NE 7th St, Coupeville, WA 98239

Return to: volunteers@islandcountywa.gov

Today's Date: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____ Primary Phone: _____
(Street and Number)

(City) (State) (Zip) Alternate Phone: _____

Email Address: _____

Are volunteer hours or internship a requirement for ☐ High School ☐ College ☐ Program

Name of school and/or program: _____

How did you hear about Volunteer/Internship opportunities at Island County:

- ☐ Association with school program ☐ Island County Website ☐ Island County Employee
☐ Other: _____

EDUCATION AND SKILLS

Name of School	Years Completed	Course of Study or Degree
High School _____		
Undergraduate College _____		
Graduate/ Professional _____		
Other (Specify) _____		

List any special skills or hobbies that help us to better place you as an intern: _____

WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer: _____	Dates Employed: From: _____ To: _____
Telephone Number: _____	Duties: _____
Reason for Leaving: _____	
Employer: _____	Dates Employed: From: _____ To: _____
Telephone Number: _____	Duties: _____
Reason for Leaving: _____	

VOLUNTEER / INTERNSHIP INFORMATION

Please list which Island County department you are interested in volunteering/interning and state why: _____

All potential volunteers and/or interns are subject to criminal background checks.

Do you have a current Washington State Driver's license with no restrictions? ☐ Yes ☐ No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Are you 16 years of age or older? Yes No

Please state the beginning and end date that you are available:

_____ through _____

Please check the days and list the times you are able to volunteer/intern:

DAY: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I certify that I am at least 18 years old.

I am the volunteer's legal guardian and certify on their behalf that they may volunteer.

I understand that, as an intern/volunteer, I am representing Island County and will adhere to the guidelines set forth by the program.

I acknowledge that the County has extended its workers' compensation coverage to interns/volunteers and I agree to accept that coverage. I acknowledge that loss or damage of personal property used while providing internship services is not reimbursable under County regulations.

Signature or Type Name

Date