

DSHS Unpaid Intern / Volunteer Application

The Department of Social and Health Services (DSHS) utilizes a wide range of volunteer services and unpaid internships, to include for-credit internships. We enhance our service quality and quantity by utilizing carefully selected residents / individuals as unpaid interns / volunteers. We appreciate your interest and look forward to reviewing your application.

Depending on the duties or location of your assignments, DSHS may need to review Department of Licensing and Washington State Patrol Records by running a background check to ensure the safety of clients, staff and members of the community. You will be notified before any background check is conducted.

Application Information			
NAME (LAST, FIRST, MIDDLE INITIAL)	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	
MAILING ADDRESS (INCLUDE APARTMENT NUMBER, IF APPLICABLE)	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
Current Employment			
Are you a current DSHS employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please identify your:			
PERSONNEL IDENTIFICATION NUMBER	CURRENT POSITION		
Education, License, Registration and/or Certification (required if applicable)			
HIGHEST LEVEL OF EDUCATION AND/OR CURRENT EDUCATION PROGRAM ENROLLMENT			
EDUCATION MAJOR / MINOR AND TOTAL HOURS REQUIRED FOR CREDIT			
NAME OF HIGHER EDUCATION INSTITUTION			
HIGHER EDUCATION INSTITUTION POINT OF CONTACT			
ADDITIONAL LICENSES, REGISTRATION, CERTIFICATIONS, AND/OR LANGUAGES			
Previous Volunteer Experience (briefly detail past experience in the space provided)			

Interests

Why are you interested in participating in this program? Please include any goals / objectives, as applicable.

What type of roles / opportunities interest you?

What are your preferred days and hours for participation?

Please list a few of your skills, interests, and hobbies.

Do you hold a valid driver's license? Yes No

Personal or Professional References

REFERENCE NAME	RELATIONSHIP TO APPLICANT
PHONE NUMBER	EMAIL ADDRESS
REFERENCE NAME	RELATIONSHIP TO APPLICANT
PHONE NUMBER	EMAIL ADDRESS
REFERENCE NAME	RELATIONSHIP TO APPLICANT
PHONE NUMBER	EMAIL ADDRESS

Attestation

By signing and dating this form, I attest that all answers, statements, information and any other materials submitted with this application are true and complete to the best of my knowledge. I understand that DSHS reserves the right to verify the information contained herein. Furthermore, I understand that I may be disqualified from participation and/or rejected from further participation, if DSHS determines that I provided untruthful and/or misleading information.

INTERN / VOLUNTEER'S SIGNATURE

DATE