



## Student Volunteer/Intern Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Major GPA: \_\_\_\_\_

I can serve the full time required, Monday & Wednesday(9:00am – 3:00pm)

Yes:  No:

### Volunteer/Work Experience (most recent first):

Name of Employer:

Supervisor:  Dates worked:

Title/Responsibilities:

Name of Employer:

Supervisor:  Dates worked:

Title/Responsibilities:

Name of Employer:

Supervisor:  Dates worked:

Title/Responsibilities:

Center for  
**Successful  
Aging**



**Alzheimer's**  
**ORANGE COUNTY**

**References (Must be someone you have known for at least a year and who is not a relative.)** Please include at least one professional reference (co-worker, supervisor, etc.). Name Address City State/Zip Phone #/Or Email Relationship

1.

2.

3.

How did you hear about our program?

Have you ever been convicted of a felony? Yes:  No:

Tell about a significant experience you have had with a senior citizen and how that has inspired you to apply to become a volunteer/intern for the Home Away from Home Respite Center?

Do you have experience working with senior citizens? If so, please describe.

What are you hoping to accomplish through this internship/volunteer opportunity? Please be specific.

CSULB faculty/staff internship coordinator:

Number of Credits requested for internship? (Must be at least 1 credit. Each credit = 40 hours):

Will this credit go towards your major/minor? Yes:  No:

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By signing my name below, I affirm that the information on this application is true and accurate.

Signature of Applicant: \_\_\_\_\_ Date:

**Please return completed application form to:**  
Email to: [chhs-aging@csulb.edu](mailto:chhs-aging@csulb.edu) (or) [iveris.martinez@csulb.edu](mailto:iveris.martinez@csulb.edu)