



Student Volunteer/Intern Application

Name:

Home Address:

Telephone: Email:

Major(s): Minor(s):

Expected Graduation Date: Major GPA:

I would like/am available to serve (please check)

Monday: Tuesday: Wednesday: Thursday: Friday:

I can serve the full time (9:30am – 2:30pm) on the day(s) I selected above; Yes: No: If you answered “No” to the above question, please indicate your availability:

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:

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 (or) iveris.martinez@csulb.edu