



Non-Paid Volunteer and Intern Application
General Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____
Emergency Contact: Name: _____ Phone: _____
Address: _____
Relationship: _____
Other Information (medical conditions, etc.) you would like Gateway to be aware of? _____

Type of Application: Volunteer Intern **Please complete the corresponding section below**

Volunteer Information

Please complete this section if you would like to be a non-paid volunteer at Gateway

How long have you lived in this area? _____ Year-Round Resident? _____
If you are not a year-round resident, when are you in the area? _____
Occupation: _____ Place of Employment: _____
Highest Education Completed: _____ Major: _____
Days and Hours of Availability: _____
Areas of Interest: _____
How did you learn about volunteer opportunities at Gateway? _____
Reason(s) for applying to volunteer with Gateway? _____

Prior volunteer experience(s) and contact information (please list name and phone number) of the person most familiar with your recent volunteer experiences:

- 1. _____
- 2. _____

What were your primary volunteer duties or activities at the above volunteer experiences?

- 1. _____
- 2. _____

Internship Information

Please complete this section if you would like to be a non-paid intern at Gateway

Currently Enrolled in School: _____ School Name: _____
Degree Sought: _____ Program/Major: _____
Anticipated Graduation Date: _____ Required Start Date: _____
Length of Internship Requested (in weeks): _____ Hours Per Week: _____
Required Direct Service Hours/Week: _____
Required Indirect Service Hours/Week: _____
Do You Require Evening or Weekend Hours? Yes No



Days/Times of Availability: _____

Required Field/Site Supervisor Qualifications (Please include any degree and licensure requirements):

Does your program allow for group supervision? _____

What are the requirements for group supervision? _____

Please list any additional information you would like to provide about the requirements to successfully complete your internship: _____

Contact Information for Internship Coordinator at School (please list name, phone number, and email address): _____

Areas of Interest (including Adolescent or Adult population preference): _____

How did you learn about internship opportunities at Gateway? _____

Reason(s) for applying as an intern with Gateway? _____

References and Additional Information

Please submit at least one personal letter of reference, or submit contact information for two individuals whom you wish to use as personal references:

1. _____

2. _____

Do you have any relatives currently employed by Gateway Community Services? Yes No

Do you have any relatives who are currently receiving services from Gateway Community Services?

Yes No

Please include any additional comments or information: _____

I authorize Gateway Community Services to contact any of the above references or to verify any of the above information.

Signature: _____

Date: _____

PLEASE NOTE: Due to the federally protected and highly confidential nature of much of the work of Gateway Community Services, for most positions a Level 2 background screening, including submission of "live scan" or electronic fingerprints, is required by the Florida Department of Children and Families and/or the Florida Department of Juvenile Justice. An alcohol/drug screen pursuant to the Florida Drug Free Workplace law, along with a tuberculosis screen, is also required and both are performed in-house, at the cost of the volunteer/intern. Applicants will also be required to obtain a local law enforcement criminal history background check from the county law enforcement agency in the applicant's county or residence. Electronic fingerprints are obtained from a private, third party vendor upon authorization and



scheduling performed by Gateway Community Services. The volunteer/intern will bear the cost of conducting these mandatory background screenings.

After you have filled out and saved this form, you may fax it to (904) 387-4258 or send it as an e-mail attachment to HR_DEPT@gatewaycommunity.com or meveritt@gatewaycommunity.com