



**Volunteer/Intern Application** Please complete this application so that we can learn more about you, your interests, your skills, and your intentions in volunteering/interning with ERACE. Internship applicants, please attach a resume with your work experience and education history.

**Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**E-mail:**

**Work Phone:**

**Cell Phone:**

**Occupation:**

**Employer:**

**How did you hear about us?**

**If you're under age 18, please list your age.**

**Why are you interested in volunteering/ interning with ERACE? Include if this is for a school internship, court ordered or school community service, etc.**

**If this is for a school internship, please provide the name of the school and advisor name and contact information:**

**What do you hope to gain from your experience at ERACE?**

**What previous experience, if any, have you had with ERACE?**

**How many hours per week do you want to volunteer/intern and for what period of time?**

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Hours</b>							

**Please check the kind of volunteer/internship work you would be willing to do to benefit ERACE.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Bookkeeper</b>         | <input type="checkbox"/> <b>Management Intern</b>  | <input type="checkbox"/> <b>Media /Pr Rep</b>         |
| <input type="checkbox"/> <b>Grant Writer</b>       | <input type="checkbox"/> <b>Merchandise</b>        | <input type="checkbox"/> <b>Mailing List Editor</b>   |
| <input type="checkbox"/> <b>Board of Directors</b> | <input type="checkbox"/> <b>Coordinator</b>        | <input type="checkbox"/> <b>Volunteer Coordinator</b> |
| <input type="checkbox"/> <b>Staff Writer</b>       | <input type="checkbox"/> <b>Discussion Meeting</b> | <input type="checkbox"/> <b>Marketing Intern</b>      |
| <input type="checkbox"/> <b>Web Site Editor</b>    | <input type="checkbox"/> <b>Facilitator</b>        |   |

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with Erace that is true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Permission (If under 18 years of age)**

This section is required for any person under the age of 18 in order to be considered as a volunteer/intern with Erace.

I, \_\_\_\_\_, agree to that my child \_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR

May participate in the Erace Volunteer/Intern Program, I have read and understood all the volunteer/intern information provided. I will be responsible for the transportation of my teen to and from volunteer/intern jobs and events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ERACE**

All colors with love and respect. Join us!

Web: [www.eracismneworleans.org](http://www.eracismneworleans.org)

Email: [erace\\_nola@yahoo.com](mailto:erace_nola@yahoo.com)

Phone: (504) 866-1163