



PLEASE RETURN TO:
MAIL: Genesis II for Families, Inc.
3036 University Ave. SE.
Minneapolis, MN 55414
(612) 617-0193
FAX: (612) 617-0193
CONTACT: Shante Fauskee
EMAIL: sfauskee@genesis2.org
QUESTIONS: (612) 877.7837 direct dial

VOLUNTEER / INTERNSHIP APPLICATION

Name: _____ [Ms.] [Miss] [Mrs.] [Mr.]

Current Address: _____ Phone (H): _____

_____ Phone (W): _____

Email Address: _____ Phone (Cell): _____

May you be called at work? Yes No

Mailing Address: _____

Age Group:	<input type="checkbox"/> under 18	Ethnicity:	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> 18-29	(optional)	<input type="checkbox"/> African American
	<input type="checkbox"/> 30-39		<input type="checkbox"/> Native American
	<input type="checkbox"/> 40-49		<input type="checkbox"/> Asian
	<input type="checkbox"/> 50-59		<input type="checkbox"/> Caucasian
	<input type="checkbox"/> 60+		<input type="checkbox"/> Hispanic

Date of Birth: _____

Current Employer: _____

Occupation: _____ Title: _____

Business Address: _____

Emergency Contact Person: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____

PLEASE SPECIFY POSITION FOR WHICH YOU ARE APPLYING:

Type of Position: Volunteer Service-Learning Internship

Genesis II program (if known): _____

How did you learn of our program? _____

Please fill out the following (list most recent first) or feel free to submit your resumé in place of this page.

EDUCATION

Name of Institution/Location:	Certificate/Degree/Area of Study:	Date(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Organization/Location:	Title/Role:	Date(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLUB OR PROFESSIONAL ORGANIZATION AFFILIATION

Organization/Location:	Title/Role:	Date(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE

Organization/Location:	Position/Services:	Date(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AREAS OF INTEREST AND EXPERIENCE

Place an X under “I” next to those in which you have INTEREST and an X under “E” next to those in which you have previous EXPERIENCE.

I / E		I / E		I / E	
— —	Accounting	— —	Education – Adult	— —	Photography
— —	Advocacy	— —	Event Planning	— —	Program Development
— —	Childcare	— —	Facility Management	— —	Public Speaking
— —	Child Development	— —	Finance Management	— —	Receptionist
— —	Computers	— —	Fund-Raising	— —	Real Estate
— —	Counseling/Mentoring	— —	Grant Writing	— —	Strategic Planning
— —	Database Management	— —	Human Resources	— —	Video Recording
— —	Desktop Publishing	— —	Law	— —	Writing/Editing
— —	Graphic Design	— —	Office Work	— —	Other: <i>(specify)</i>
— —	Education – Teen	— —	Parenting		

OTHER INTERESTS/HOBBIES/SPECIAL SKILLS

WHICH MOTIVATIONAL STYLE DESCRIBES YOU BEST? (Check one)

Achievement—

I have strengths in goal-setting, problem-solving, and performing successfully.
 (Ask yourself: *Do I enjoy responsibility? Do I have a big planner?*)

Affiliation—

I have strengths in interpersonal relationships, sensitivity to others, and group activities.
 (Ask yourself: *Do I enjoy being with friendly people? Do I have a big address book?*)

Influence—

I have strengths in making an impact, strategic thinking, and leadership.
 (Ask yourself: *Do I enjoy representing others? Do I have a big “plaque wall?”*)

WHAT DO YOU EXPECT TO EXPERIENCE FROM YOUR VOLUNTEERING / INTERNSHIP WITH GENESIS II?

AVAILABILITY

<input type="checkbox"/> Year-Round
<input type="checkbox"/> Summer (June – Aug.)
<input type="checkbox"/> Fall (Sept. - Dec.)
<input type="checkbox"/> Spring (Jan. - May)

Time/Day	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
All Day						
AM						
PM						

APPROXIMATE # HOURS PER WEEK: _____

Is this internship for academic credits? Yes No

TOTAL OVERALL # HOURS REQUIRED (if applicable): _____

DEADLINE FOR REQUIRED HOURS (if applicable): _____

Type of hours needed (i.e. direct client contact, family therapy, etc.):

Type of Supervision Required (if applicable): _____

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**BACKGROUND INFORMATION**

**Have you ever been convicted, imprisoned, been on probation, parole or under supervision as a result of a conviction, or been fined for any violation of the law?**       Yes       No

If yes, please give dates, details and penalties for each occurrence below.

An answer of "yes" to this question does not constitute an automatic bar on volunteering.

\_\_\_\_\_  
\_\_\_\_\_

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IF UNDER AGE OF 18 YEARS, COMPLETE THIS SECTION

Name of Parent/Guardian: _____

Day Phone: _____ **Cell Phone:** _____

Parent/Guardian Consent: I hereby give _____
permission to perform volunteer service for Genesis II for Families, Inc. I also give my consent to Genesis II to take whatever emergency steps necessary to safeguard the health and welfare of my child. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name: _____ **Relationship:** _____

Day Phone: _____ **Cell Phone:** _____

Signature of Parent/Guardian _____
Date

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**ALL APPLICANTS READ AND SIGN**

As a volunteer or intern for Genesis II for Families, Inc., I understand that if I am selected for a position, falsified statements on this application shall be considered sufficient cause for relief of duty. I also understand that Genesis II, solely at its discretion, shall determine who will serve as a volunteer or intern and may dismiss a volunteer at any time with or without cause.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**