

**Georgia Network to End Sexual Assault (GNESA)  
INTERN AND VOLUNTEER APPLICATION**

**Personal Information**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Are you legally eligible to work in the U.S.? \_\_\_Yes \_\_\_No

Do you have a valid driver's license? \_\_\_Yes \_\_\_No

License #: \_\_\_\_\_ State: \_\_\_\_\_

Do you have valid insurance? \_\_\_Yes \_\_\_No

Have you had any traffic violations in the past three years? \_\_\_Yes \_\_\_No

Please indicate type of offense and date of each: \_\_\_\_\_

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

Have you ever been charged with a felony or misdemeanor and/or incarcerated? \_\_\_Yes \_\_\_No

If yes, please describe circumstances: \_\_\_\_\_

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

Have you ever been dismissed or asked to resign from any job, internship, or volunteer position?

\_\_\_Yes \_\_\_No If yes, please explain in detail: \_\_\_\_\_

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

Please check the opportunities that interest you:

- |   |  |
|---|--|
| <input type="checkbox"/> Public Policy                  | <input type="checkbox"/> Research and Material Development |
| <input type="checkbox"/> Clerical and Office Duties     | <input type="checkbox"/> Fundraising                       |
| <input type="checkbox"/> Statewide Training & Education | <input type="checkbox"/> Grant Research and Writing        |
| <input type="checkbox"/> Communications & Marketing     | <input type="checkbox"/> Other _____                       |

List the languages that you speak: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Phone/Pager: \_\_\_\_\_

**Education**

Name of college you attend: \_\_\_\_\_  
Major Course(s) of Study: \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_  
Other education and/or training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all licenses, special qualifications, and/or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History (Begin with current or most recent job)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Volunteer/Intern Experience**

Name of Organization/Agency: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

\_\_\_\_\_

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Name of Organization/Agency: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

\_\_\_\_\_

**References (Include at least 2 work related)**

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

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Certification**

My signature below certifies that the information set forth in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date