



INTERNSHIP APPLICATION

VINE Faith in Action
421 E. Hickory Street, Mankato, MN 56001
(507) 387-1666
www.vinevolunteers.com

Please submit this application, your cover letter, and resume to Adam at adamsmann@vinevolunteers.com

OFFICE USE ONLY:

Orientation Date: _____ Background Check Initiated: _____ Background Check Completed: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Are you affiliated with any group? (faith community, civic organization, etc.)? No Yes

If yes, which one(s)? _____

Number of Internship Hours: _____ Internship Advisor's Name: _____

Advisor's Email Address: _____ Advisor's Phone Number: _____

Please check the times THAT YOU ARE AVAILABLE to be at VINE:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Any allergies (cigarette smoke, pets, etc.)? _____

Previous volunteer experience: _____

Are you currently employed? Retired No Yes

Occupation (past occupation if retired): _____

Please list specific skills you could share (e. g. play a musical instrument, teach an exercise class, speak another language, etc.): _____

Are you a veteran? No Yes

Who should we contact in case of emergency? _____

Telephone number(s): _____ Relationship to you: _____

What do you hope to gain from your experience interning at VINE?

REFERENCES:

Please list two people we may call who are not related to you (volunteer associates, employers, teachers, friends, neighbors, religious leaders, etc.):

1. Name: _____ Phone: _____

Relationship to you: _____

2. Name: _____ Phone: _____

Relationship to you: _____

PERMISSION TO CHECK REFERENCES:

I give my consent to VINE Faith in Action to contact my references and to conduct any other necessary background checks.

Signature of Applicant

Date