



The mission of Friendship is to develop and maintain employment and training opportunities for persons with disabilities in integrated work environments.

VOLUNTEER/INTERN APPLICATION

---Contact Information---

Name _____ I prefer to be called _____
 First Middle/Maiden Last

Local Mailing Address _____ City _____ State _____ Zip _____

Permanent Mailing Address, if different from above _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

How I heard about Friendship Industries _____

---Experience---

Currently Employed/Volunteering at _____ Position _____

Past Work/Volunteer experience (company and position) _____

Relevant qualities, skills, knowledge, experience and/or abilities for volunteering or an internship at Friendship Industries' ? _____

---Availability---

Days I am most often available _____

Times I am most often available: 8am-noon noon-3pm 3pm-5pm

Do you fluently speak a foreign language? _____ If yes, please list _____

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---References---

References – Current/Former employers or Professors are appropriate. Please do not list relatives or roommates.

Name _____	Daytime Phone _____
Relationship to applicant _____	Email _____
Name _____	Daytime Phone _____
Relationship to applicant _____	Email _____

----Emergency Contact Information----

Name: _____ Telephone Number: _____

Relationship: _____

By signing below, I understand Friendship will be calling to verify references and other pertinent information I have provided.

Applicant's Signature _____ Date _____

Please send your application to:
Friendship Industries Volunteer&Intern Program
801 Friendship Drive
Harrisonburg, VA 22802-4566
or email: humanresources@friendship-industries.com
communityresourcedirector@friendship-industries.com

FOR OFFICE USE

Interview Date: _____ Orientation Date: _____

Volunteer or Intern Assignment: _____

Assigned To Friendship Supervisor/Mentor: _____