

Volunteer and Internship Application

Name: _____

Home Address: _____

School Address: _____
(if applicable)

Preferred Phone Number: _____ Home__ Cell__ Work__

Alternate Phone Number: _____ Home__ Cell__ Work__

Email Address: _____

For students: Current School: _____

Degree: _____ Month/Year of Graduation: _____

For non-students: Education Background (e.g., degrees, areas of study): _____

Dates Available to Intern/Volunteer at Children's Law Center:

From: _____ To: _____

How many hours are you available to work on:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Foreign Language(s) Spoken: _____ Proficiency: _____

_____ Proficiency: _____

Planned Mode of Transportation: _____



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1. How did you hear about the Children's Law Center of Massachusetts?

2. Why are you interested in volunteering or interning at the Children's Law Center? Are there specific legal areas on which you are most interested in working (i.e., education, juvenile justice, child welfare, status offenders, immigration, mental health, etc.)?

3. Please provide two references by listing their name/title, contact information and relationship to you.

i.

ii.

I attest that this information is true to the best of my knowledge, and I authorize that Children's Law Center of Massachusetts, Inc., to make any inquiries to determine my suitability for this program. I understand that a criminal record check will be conducted.

Signature

Date