



Intern and Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	
Present Occupation	
Previous Occupation(s)	
Other Language(s) Spoken	
Do you have any special needs to be accommodated in order to serve?	Yes _____ No _____
If yes, please indicate:	
Please circle whether you are applying to serve as an INTERN or VOLUNTEER.	

*Internship Applicants Only

What term are you seeking an Internship?	___FALL ___SPRING ___SUMMER
What institution/school will you be associated with for the internship?	
What year are you in your studies?	
What is your major?	
What are the general requirements of your internship? (Hours, supervision, activities reporting)	
How did you hear about Georgia Justice Project?	
As a prospective intern, what areas of the GJP interest you the most? <i>(Most schools require that you be a student in that area in order to intern in that area)</i>	Legal Paralegal Social Service Business Administrative Other

Availability

When are you available to intern or volunteer?

	MON	TUES	WED	THURS	FRI
MORNING					
AFTERNOON					
OTHER					

Interests

Please check the following area(s) in which you are interested in serving:

- Administration/Support/Clerical/Filing
- Receptionist
- Marketing/Communications
- Computer/Technical
- Fundraising
- Legal Services
- Client Screening and Intake
- Resource Development
- Event Organizing
- Employment Support
- Counseling
- Other (Please specify: _____)

Special Skills or Qualifications

Please summarize any special skills and qualifications you have below. *(Please include any technology, marketing, communications, human resources, and computer applications skills.)*

Volunteer Experience

Please summarize your previous intern/volunteer experience.

How did you hear about GJP's service opportunities? Why are you interested in becoming a GJP intern/volunteer?



References

Please list two references below for individuals not related to you.
Legal Intern Applicants: please list legal references.

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: (____) _____

Phone: (____) _____

Association: _____

Association: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. Additionally, I give GJP permission to contact the above-listed references in connection with my application.

Name (printed)	
Signature	
Date	