

Volunteer/Internship Application

GREATER ERIE COMMUNITY ACTION COMMITTEE (GECAC)

18 West Ninth Street Erie, PA 16501

An Equal Opportunity Employer

GECAC offers a variety of internship and volunteer opportunities in many of our programs. In order that your application may be properly evaluated, it is essential that all of the questions be answered carefully and to the best of your ability. Feel free to give additional information which will enable you and the Agency to derive the greatest benefit from your application.

| Application Type | | | | | | | |
|---|----------------------------------|-------|---|---|--|--|--|
| I am applying for: Internship | Volunteerin | g W | ork Ready placement | | | | |
| I am interested in internin Assist the eld | erly Assist childr (ages 3-5) | ca | sist/ learn more about sework (any aged clients) | Assist with clerical (filing, typing, data entry, etc.) | | | |
| Assist in the finance dept. | Assist with marketing | L | sist/ learn more about food rvices | d Assist/ learn more about MIS: Please specify: | | | |
| Other – Pleas | e specify | | | | | | |
| | | | | | | | |
| *** Please note that assisting with the elderly, children or food services will require clearances and/ or physicals. Please call for additional information. | | | | | | | |
| Applicant Information | 1 | | | | | | |
| Name | | | | | | | |
| | Last | First | Middle | | | | |
| Street Address | | | | | | | |
| City, State, Zip | | | | | | | |
| Telephone | | | | | | | |
| Email address | | | | | | | |



Education

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | # OF YEARS COMPLETED | DID YOU GRADUATE? | TYPE OF DIPLOMA/ DEGREE |
|---------------------|----------------------------|--------------------|-------------------------|----------------------|-------------------------------|
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| GRADUATE STUDIES | | | | | |
| OTHER | | | | | |

| Employment History | |
|-------------------------------|-----------------|
| Company Name | Supervisor Name |
| Address | Telephone |
| City, State Zip | |
| Job Title | Start/End Dates |
| Description of work performed | |
| Company Name | Supervisor Name |
| Address | Telephone |
| City, State Zip | |
| Job Title | Start/End Dates |
| Description of work performed | |



**Attach additional pages as necessary.

| Referen | | | | | | |
|--------------------------|--|----------------------------------|------------------------------|------------------|---------------------|----------------------|
| List three five (5) y | | vide a profession | al or personal reference for | you. Each indivi | dual should have kn | own you for at least |
| | Nam | ne | Address | | Occupation | Years Acquainted |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | | | 1 | | | |
| Genera | l Information | | | | | |
| | Are you a United S | tates citizen? | | Yes | No | |
| | If no, are you an alien, lawfully authorized to work in the US? If no, proof of citizenship or immigration status will be required. | | | S? Yes | No | |
| | Do you have access to full-time, private transportation if needed? | | | d? Yes | No | |
| | Do you have a valid PA Driver's license? | | | Yes | No | |
| | Do you have origin Act 33 | al clearances: If yes, date i | ssued: | Yes | No | |
| | Act 34 | If yes, date i | ssued: | Yes | No | |
| | FBI | If yes, date i | ssued: | Yes | No | |
| | Will you agree to a physical if needed? (required for interns and volunteers serving vulnerable populations) | | | Yes | No No | |
| | Have you been convicted of a felony in the last seven years? If yes, please explain: | | | Yes | ☐ No | |
| | Are you a member of the US Military? If yes, which branch: | | | Yes | ☐ No | |
| | Have you ever been employed by GECAC or any of its programs? If yes, list program name and dates of employment: | | | ? Yes | ☐ No | |
| | its programs, or se | - | = | of Yes | No | |



Internship/Volunteer Requirements

| | Name of school or entity requiring internship/ Volunteer assignment: | | | |
|----------------|--|---------------------------------------|---|--|
| | Name of supervisor at school or placement organization: | | | |
| | Total number of hours required: | | | |
| | Beginning date: (allow ~2 wks for processing application) | | | |
| | Ending date: | | | |
| | Describe any additional requirements of your placemen | nt: (i.e. superviso | r qualifications, assignments, etc.) | |
| | | | | |
| | Please list additional experiences, skills, or qualification volunteering at GECAC. | s that make you | a good fit for interning/ | |
| | Is there anything else you would like us to consider who fit with the internship opportunities? | en evaluating you | ur application or considering your | |
| | | | | |
| Authoriz | ation | | | |
| pe pr in | certify that all information enclosed is complete and a ermission to the Greater Erie Community Action Commovided. I understand that interns/ volunteers at GEC sternship/ volunteer assignment. Additionally, I understaff my internship. | nittee (GECAC) to AC are not entit | o verify the accuracy of information led to wages for time spent in the | |
| - | Applicant Signature | | Application Date | |