

## VOLUNTEER STUDENT INTERN APPLICATION

**CONTACT INFORMATION:**

First Name:	Middle Name:	Last Name:
Address:		
City:	State:	Zip Code:
Mailing address: <input type="checkbox"/> <i>same as above</i>		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	Mobile Phone:
Email address:		
Age:	Gender:	Date of Birth:

**LICENSE & INSURANCE INFORMATION:**

Driver's License #:	State of Issue:
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:
Policy / ID Number:	Contact number:

**List government boards on which you have served or currently serve, including those in Boonton:**

Government Board	Position	Dates
		-
		-
		-
		-

**List your education, including degrees, formal training and apprenticeship programs:**

Institution	Degree / Program	Completion Date

**List any licenses and professional memberships/designations held:**

Institution / Group	License / Membership	Active
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List skills, interests and experiences relevant to your desired board, commission, or committee appointment:  
 Briefly state your reasons for seeking an appointment (use the reverse for more space):

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Briefly state why you personally believe you are qualified (use the reverse for more space):

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List your current and previous employer(s), work address(es), and describe position(s):

Employer	Position / Title	Employment Dates	Position description

List all current and previous (within the past five years) community volunteer activities:

Organization	Dates	Position description

Are you currently, or have you ever been, employed by the Town of Boonton?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, list dates and capacity)
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Is a relative currently, or has a relative ever been, employed by the Town of Boonton?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, list names and capacity)
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Do you or a spouse derive any income directly from, or indirectly through an employer of a contract, with the Town of Boonton?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, list contract and/or capacity)
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If you are aware of a potential conflict of interest, please describe. If in doubt, please disclose:

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Do you expect to have the flexibility to attend meetings and perform duties during both days & evenings?

<input type="checkbox"/> No (please list any limitations)	<input type="checkbox"/> Yes
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**REFERENCES**

Name	Relation	Phone	Email

By signing below, I certify that the information I have provided on and with this form is true and complete as of the date I have affixed below. I understand that all information herein is available to the public pursuant to “freedom of information” laws. I hereby state my understanding that the Town of Boonton may conduct a background investigation, and give my consent to that process.

\_\_\_\_\_  
*Signature (sign in front of Boonton Internship Coordinator)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian if under 18 years of age*  
*(sign in front of Boonton Internship Coordinator)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Boonton Internship Coordinator*

\_\_\_\_\_  
*Date*