

WCAC VOLUNTEER/INTERN APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

PREVIOUS EMPLOYMENT, NOT REQUIRED

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

ADVISOR OR VALIDATOR FOR REFERENCE

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____



OTHER THINGS YOU ARE INVOLVED IN

ACTIVITY: _____ WHY? _____
ACTIVITY: _____ WHY? _____
ACTIVITY: _____ WHY? _____
ACTIVITY: _____ WHY? _____
ACTIVITY: _____ WHY? _____
ACTIVITY: _____ WHY? _____

WRITING PROMPT OPTIONS
One is required, a minimum of 300 words.

Why do you want to work at WCAC?
Why do you think it is important that *all young people* know about the Congressional Award?

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

DATE AVAILABLE IF CHOSEN: _____

I, the Applicant, certify that my answers are true and honest to the best of my knowledge.

SIGNATURE _____ DATE _____

PRINT NAME _____

