

600 W. Cabarrus St. Raleigh, NC 27603 919-833-3312 · FAX 919-833-3512

INTERN OR VOLUNTEER INTEREST FORM

All information in this document is confidential.

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DATE:		Volunteer Interest:	٥	GROUP PR	ROJECT	<u> </u>	INDIVIDUA INTERNSH		СТ	
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Name: Last		First								
Email Address										
Cell Phone										
Male / Female Date (Check One)	of Birth (Mon	th/Day)								
Organization/School/G	roup:									
EXPERIENCE										
Please describe the type of volunteer experience you are seeking:										
Please list any special skills you are able to provide:										
Indicate the location wh	nere you would	like to volunteer: (C	Chec	k One)						
Main Facility	Wrenn H	Iouse								
AVAILABILITY AND/OR INTERNSHIP REQUIREMENTS:										
Hours per week:	_									
OR	Preferred	d days of the week:	Mo	on Tues	Wed	Thu	ır Fri	Sat S	Sun	
Hours per month: (che							ek all that apply)			
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Once a volunteer role has been mutually agreed upon, I am willing to donate the \$19 fee for my background check.

I ask that Haven House Services incur the cost of my background check.