



Down Syndrome Association
of Greater Winston-Salem

The Down Syndrome Association of Greater Winston Salem strives to ensure that individuals with Down syndrome in the Piedmont area are valued, included, and given the opportunities to pursue fulfilling lives.

Non-Profit Internship Application Form

Personal

Information First Middle Last

Name			DOB
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Address apt/unit City State Zip code

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Email Home/Work Phone Cell Phone

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() Physical mail

Date you can start

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Emergency Contact

First Name Last Relation

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Home Phone Work Phone Cell Phone

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First Name Last Relation

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Home Phone Work Phone Cell Phone

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Interests and Experience

How did you learn about our Association?

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Please describe your special skills and/or interests:

Check all that apply:

<input type="checkbox"/> Administrative Tasks	<input type="checkbox"/> Communications	<input type="checkbox"/> Technology (list: _____)	<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exhibits Installation	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Computer input/data entry	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Exhibits Maintenance	<input type="checkbox"/> Greeting/Ushering
<input type="checkbox"/> Filing	<input type="checkbox"/> Marketing and Promotions	<input type="checkbox"/> Event Design/Decoration	<input type="checkbox"/> Mentoring Advocates
<input type="checkbox"/> Phone/System Support	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Sewing	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Typing	<input type="checkbox"/> Recruiting/Training	<input type="checkbox"/> Video Editing	<input type="checkbox"/> Teaching (age group _____)
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Web Development/Design	<input type="checkbox"/> Policy and Procedure Creation	<input type="checkbox"/> Childcare/baby sitting

Are there any skills or interests you would like to develop?

Why do you want to intern at DSA of GWS?

Have you had prior internship experience? If yes, describe:

Are you currently volunteering at another organization? If yes, what do you do there?



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Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? () Yes () No

Do you currently have a valid driver's license? () Yes () No

References

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Please list two people other than a relative who would be willing to serve as a personal reference. First and last name Phone Email

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First and last name Phone Email

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Availability

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours available	() Morning 8-11	() Morning 8-11	() Morning 8-11	() Morning 8-11	() Morning 8-11	() Morning 8-11
	() Afternoon 12-4	() Afternoon 12-4	() Afternoon 12-4	() Afternoon 12-4	() Afternoon 12-4	() Afternoon 12-4
	() Evening 5-9	() Evening 5-9	() Evening 5-9	() Evening 5-9	() Evening 5-9	() Evening 5-9
Number of hours per day						

Internship Agreement

I agree to serve as an intern and commit to the following:

1. To perform my internship duties to the best of my ability and to respect those we serve.
2. All internships are unpaid.
3. To adhere to DSA of GWS rules and procedures, including record keeping requirements and confidentiality of agency and client information.
4. To meet time and duty commitment, or to provide adequate notices so that alternate arrangements can be made.
5. To maintain open communication with my supervisor or volunteer coordinator regarding any issues or concerns.

Intern Signature: _____ **Date:** _____



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Release and waiver of liability

I, the undersigned intern, being legally competent, hereby release Down Syndrome Association of Greater Winston-Salem, and any and all of its agents, officers, directors, and employees from any and all claims or liabilities which might arise out of my participation as an intern with DSA of GWS

Media Release:

As an intern, I understand that I may be included in media coverage of DSA of GWS.

- I grant DSA of GWS permission to use my name, image, voice, appearance and likeness for stories or advertisements that may be solicited on its behalf. This may include, but is not limited to, print advertising, public service announcements, promotional videos, etc.
- DSA of GWS will not be eligible for any compensation related to the production and use of my name and likeness in promotional or advertising materials.
- I understand I will not be eligible for any compensation related to the production and use of my name of likeness in promotional or advertising materials.
- If I do not wish to be photographed or interviewed for news or promotional coverage, I understand it is my responsibility to notify the Executive Director.
- It is my responsibility to remove myself from situations where my wishes might be violated.
- I agree to waive my rights to hold DSI or its associates responsible for any liability, loss or damage that occurs from my participation in any promotional activities.

I have read, understand and will comply with this agreement.

Intern Signature: _____ **Date:** _____

Please email completed application to jay@dsagws.org or info@dsagws.org

Office Use Only			
Date received			
Start Date			
End Date			
Program/task assigned			
Best way to be reached			
Actions	Yes/ No	Reason	Date
Has been contacted			
Has been scheduled			
Has been entered in the system			
Has been trained			