



## CHA Volunteer/Internship Application

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (home or college):  
\_\_\_\_\_

Extra-curricular Activities:  
\_\_\_\_\_

### ACADEMIC INFORMATION

High School/College: \_\_\_\_\_

School's Address: \_\_\_\_\_

Choose: JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ GRADUATE STUDENT \_\_\_\_\_

GPA: \_\_\_\_\_

### AVAILABILITY

Please indicate your approximate start/end dates: \_\_\_\_\_

List the days and times that you are available:

Monday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

### SECURITY QUESTIONS

Have you had any disciplinary or administrative actions (i.e. probation, suspension, expulsion) initiated or taken against you? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_

If you answered "yes" to any questions above, please explain and include the dates of the actions on a separate page.

### CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete, scan and email to [Hispanic@cha.wa.gov](mailto:Hispanic@cha.wa.gov) or mail to: WA State Commission on Hispanic Affairs, P. O. 40924, Olympia, WA 98504