



**Fairbanks Native Association, Inc.**  
**3830 South Cushman**  
**Fairbanks, AK. 99701**  
**Phone (907) 452-1648 Fax (907) 456-4148**  
**www.fairbanksnative.org**

## INTERNSHIP/VOLUNTEER APPLICATION

Name \_\_\_\_\_ Home ( ) \_\_\_\_\_  
           Last                           First                           M.I.

Address \_\_\_\_\_ Work ( ) \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Msg./Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

High School	Name/Location	Field of Study	Years Completed					Diploma/Degree
			9	10	11	12	GED	
College/University								
Business/Technical								
Vocational								

Why are you interested in volunteering or interning at FNA?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With which program(s) are you interested in volunteering or interning?

\_\_\_\_\_

When are you able to volunteer or intern?

Please list three references (no more than one being a relative).

Name

Email Address

Phone #

Reference \_\_\_\_\_

Reference \_\_\_\_\_

Reference \_\_\_\_\_

1. Have you ever been convicted of a felony, misdemeanor or offense other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Do you have a valid Alaska Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

3. Have you previously been employed with FNA? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please read the following carefully and initial each paragraph.**

\_\_\_\_ I hereby authorize FNA to thoroughly investigate my references, education, criminal record and other matters related to my suitability for volunteering or interning at FNA. I hereby release FNA and all other persons or entities from any and all claims, demands, or liabilities arising out of, or in any way related to such investigation or disclosure.

\_\_\_\_ I understand that nothing contained in the application, or conveyed to me during any interview that may be conducted is intended to create an employment contract, implied or explicit, between me and FNA.

\_\_\_\_ I understand that if selected as a volunteer or intern with FNA, I would not be entitled to any pay, compensation or benefits, and I also understand I may be terminated for any reason at any time.

\_\_\_\_ If selected to participate, and per this application, I agree to be an effective intern/volunteer and fulfill all the goals/objectives as outlined in my Intern/Volunteer Expectations form.

\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering or interning and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure volunteering or interning shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible denial of volunteer or intern status.

My signature below certifies that I have read and understand this document and agree to the terms and conditions as outlined.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date