



Multimedia Resources and Training Institute  
2301 S. Jackson St. Suite 103  
Seattle, WA 98144 ph: 206-838-6359 v Fax: 206-838-8007  
www.mmrtiseattle.org info@mmrtseattle.org

## Volunteer/Intern Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering/interning with us. Please attach a resume (if you have one) with your work and education history.

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone (work, home, cell): \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

If you're under age 18, please list your age.  
\_\_\_\_\_

Why are you interested in volunteering/interning with MMRTI? Include if this is for a school internship, court ordered or school community service, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is for a school internship, please provide the name of the school and advisor name and contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your experience at MMRTI?  
\_\_\_\_\_  
\_\_\_\_\_

What previous experience, if any, have you had with MMRTI?  
\_\_\_\_\_

How many hours per week do you want to volunteer/intern and for what period of time?  
\_\_\_\_\_

Please list the times that you will be available to volunteer/intern?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

What skills, training, or knowledge do you have that will assist in volunteering/interning?

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Please check the kind of volunteer/intern work you would be willing to do to benefit MMRTI:

- Answering Phones
- Office Administrator
- Data Entry/Word Processing
- Curriculum Development/Training
- Board of Directors
- Grant writing
- Marketing/Publicity/Advertising
- Copying/Filing/General Office
- Web Site Management
- Camera Work
- Producing
- Video Editing
- Assisting Studio Facilitators
- Media Production
- Ethio Youth Media Program Assistant
- Teaching Artist
- Fundraising Committee
- Program Committee
- Board of Directors Committee
- Other \_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain.

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**Please provide 3 references that are not related to you:**

**Name Relationship Daytime Phone Email Address**

1.

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2.

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3.

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***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with MMRTI that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by MMRTI. I understand that a background check through the Washington State Patrol will be run before I begin my volunteer/intern service with MMRTI. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with MMRTI or my termination as a volunteer/intern.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Permission (If under 18 years of age)**

This section is required for any person under the age of 18 in order to be considered as a volunteer/intern with MMRTI.

I, \_\_\_\_\_, agree to that my child \_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR

May participate in the MMRTI Volunteer/Intern Program, I have read and understood all the volunteer/intern information provided. I will be responsible for the transportation of my teen to and from volunteer/intern jobs and events.

Signature \_\_\_\_\_ Date \_\_\_\_\_