



Alabama Community College System

Application No.

APPLICATION FOR INTERNSHIP/VOLUNTEER SERVICES ONLY Wallace Community College Selma

POSITION Information	INTERNSHIP/VOLUNTEER POSITION						
					Date of Application		
PERSONAL Information	Last Name			First Name		Middle Initial	
	Address		City		State	Zip	
	Contact Information						
	Phone: Home		Work	Cell	E-mail Address		
EDUCATION		School/College	Dates Attended From / To		Major	Minor	Degree(s) Earned
	High School/ GED						
	College						
	College						
	College						
	Other (Specify)						
Additional information	Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, list the name of the college(s) and dates: _____						
EMPLOYMENT	Please list your recent employer						
	Employer			Telephone Number		Job Duties	
	Address			Dates of Employment			
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time						
	Reason for Leaving						

TRAINING/SKILLS	SKILLS & EXPERIENCES		
	SPECIAL TRAINING		
Skills, Awards, Certificates	SKILLS/ HOBBIES		
GROUPS, CLUBS, ORGANIZATIONAL MEMBERSHIPS			
PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE <i>(INCLUDE ORGANIZATION NAMES AND DATES OF SERVICES)</i>			
What experience have you had that may prepare you to work as an internship/volunteer in the fields, e.g., description of field, e.g. domestic violence, child abuse prevention, youth recreation, etc.?			
Why do you want to internship/volunteer? Or, what do you want to gain from this internship/volunteer experience?			
Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition). Conviction of a crime is not an automatic disqualification for internship/volunteer services.			

Felony Conviction(s)	Please list three references, other than relatives, who can attest to your character, skills, and dependability, Include you current or last employer			
	Name/ Organization and Title	Relationship to you Address	Length of Relationship	Phone Number
Felony Conviction(s)	Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:			
Consent Agreement	Please read the following carefully before signing this application: I understand that this is an application for and not a commitment or promise of internship/volunteer opportunity. I certify that I have and will provide information throughout the section process, including on this application for a volunteer position and in interviews with Wallace Community College Selma that is true, correct and complete to the best of my knowledge. <input type="checkbox"/> initial 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 an internship/volunteer position. <input type="checkbox"/> initial I understand that information contained on my application will be verified by Wallace Community College Selma <input type="checkbox"/> initial I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for internship/volunteer position with Wallace Community College Selma or my termination as a internship/volunteer <input type="checkbox"/> initial I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. I understand that any offer of SERVICES is contingent upon a satisfactory criminal background investigation and I hereby authorize WALLACE COMMUNITY COLLEGE SELMA authority within the Alabama Community College System and/or its assigns to conduct a criminal background history investigation. I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning criminal background checks will be followed. I further understand that I will be responsible for the cost of said criminal background check. I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to college officials. I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.			
_____ Signature of Applicant		_____ Date		

Wallace Community College Selma
 Attention Human Resources
 P.O Box 2530
 Selma, Alabama 36702
 334 876-9338 334 876-9319
 Fax 334 876-9334

It is the policy of the Alabama Community College System, including all postsecondary community and technical colleges under the control of the Alabama Community College System Board of Trustees, that no employee or applicant for employment or promotion, or internship/volunteer services on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age, or any other protected class as defined by federal and state law, shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. (Each institution will make reasonable accommodations for qualified disabled applicants or employees.)

Do you have a valid driver's license?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have car insurance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have a car available for transporting others	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Note: Please provide details of each. May use a separate sheet if necessary.		

**REQUEST, AUTHORIZATION, CONSENT, AND RELEASE
FOR BACKGROUND INFORMATION**

I have been informed and acknowledged that on April 13, 2016 the Alabama Community College System Board of Trustees adopted Policy 623.01 requiring criminal background checks for all new and current employees.

By signing this authorization, I hereby authorize the Alabama Community College System or its designee, to conduct criminal reference searches for felony and misdemeanor convictions at the statewide and national levels of every jurisdiction where I currently reside or where I have previously resided during the past seven years; national sex offender registry searches and a search of my driving record.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the Alabama Community College System Board of Trustees policy regarding criminal background checks. I understand that neither the Alabama Community College System nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to the Alabama Community College System Board of Trustees policy regarding criminal background checks.

_____ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check. Social Security # _____

_____ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

_____ I consent to the use of my driver's license number to be used for the limited purpose of conducting a review of my driving history.

_____ I do not consent to the use of my driver's license number for the limited purpose of conducting a review of my driving history.

The information I have given in my volunteer application, interviews, and/or related resumes and documents are true, complete, and accurate.

I understand and agree that if SELECTED TO PROVIDE INTERN/VOLUNTEER, SERVICES and/or during any period of PROVIDING INTERN/VOLUNTEER SERVICES any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning criminal background checks will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please print): _____

Applicant's Address: _____

Applicant's Birthday: _____

Applicant's Driver's License Number: _____

Applicant's Driver's License State: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following information is gathered solely for reporting purposes and will not be used to evaluate the applicant's qualifications, suitability, or desirability for employment.

Name _____
Last First Middle

Date of Birth _____

Ethnic Background (check one):

- ☐ Native American
- ☐ White, not of Hispanic origin
- ☐ Hispanic
- ☐ Black, not of Hispanic origin
- ☐ Asian/Pacific Islander
- ☐ Multi-racial
- ☐ Other

Gender (check one):

- ☐ Male
- ☐ Female

MISCELLANEOUS INFORMATION

Have you ever been employed by the College? ☐ Yes ☐ No

Position: _____ Employed from _____ to _____

Name(s), relationship, and department of relative(s) presently employed by the College:

How did you hear about this announcement?

☐ Newspaper advertisement (classified print ad)

- ☐ Montgomery Advertiser
- ☐ Birmingham News
- ☐ Huntsville Times
- ☐ Mobile Press-Register
- ☐ Other (please specify) _____

☐ Website

- ☐ Alabama Community College System (accs.cc)
- ☐ Alabama Two-Year College (please specify) _____
- ☐ Other (please specify) _____

☐ On-line advertisement

- ☐ CareerBuilder.com
- ☐ al.com
- ☐ IMDiversity.com
- ☐ Alabama Job Link (joblink.alabama.gov)
- ☐ Alabama Employment Office
- ☐ Other (please specify) _____

☐ Alabama Community College Applicant Pool Member

☐ Radio

☐ Other (please specify) _____



Wallace Community College Selma
P.O. Box 2530/3000 Earl Goodwin Parkway
Selma, Alabama 36702

Volunteer or Unpaid Internship Agreement

Name _____ Date _____
Last First Middle Initial

Home Phone _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

Email Address _____ DOB _____

Emergency Contact & Phone Number _____

College / Institution _____

Agreement:

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize Wallace Community College Selma to make inquiries into my background as may be necessary for volunteer placement. I agree to submit a nonrefundable fee of \$17.40 (additional charges may apply) for a criminal background check. I agree to hold confidential all information to which I may have access. Disclosure of such information to unauthorized persons or for authorized use is prohibited and will result in my dismissal from the volunteer/internship program and may have legal consequences.

I am aware that Wallace Community College Selma does not provide insurance coverage for volunteers/interns if personally injured or if damage occurs to personal property while acting as a volunteer/intern. I further understand that I will not receive pay for volunteering/internship and I am not entitled to worker's compensation benefits, health insurance benefits, or any other benefits. I agree that I will not hold the Wallace Community College Selma, its officers or agents thereof, liable for any injury sustained to person or property while acting in a volunteer/internship capacity.

Signature of Volunteer/Intern

Date



Wallace Community College Selma
P.O. Box 2530/3000 Earl Goodwin Parkway
Selma, Alabama 36702

Volunteer or Unpaid Internship Activities

Internship Advisor
or Designee Name _____ Date _____

Phone _____

Volunteer/Intern Name: _____

Internship Dates: From _____ To _____

Volunteer/Intern Activities and Learning Objectives:

Signature of Internship Advisor or Designee

Date

Signature of Volunteer/Intern

Date

PLEASE RETURN THE COMPLETED ACTIVITIES FORM TO THE INTERNSHIP ADVISOR OR DESIGNEE
TO BE MAINTAINED IN THE DEPARTMENT.