



INTERNSHIP APPLICATION

MAS DC YOUTH

Please indicate your areas of interest:

- Communication & Social Media Graphic Design Event Planning
 Youth Sports Tournaments Youth Programs Other: _____

Name: _____ **Date of Birth:** _____

Address: _____ **City, State, Zip:** _____

Email: _____ **Phone Number:** _____

Have you ever volunteered at the MASDC before? Yes No

Have you ever been convicted of a felony? Yes No

Why are you interested in volunteering with the MAS Youth?

Are you required to volunteer? Yes No If yes, how many hours are needed? _____ Deadline: _____
 Name of school/agency/government body requiring community service _____

Please indicate the days and times you are available to volunteer:

Thursday	Friday	Saturday	Sunday

REFERENCES: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Type	Name	Contact Information	Years Known
Family Member		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	

Signature of Applicant: _____ Date: _____

Parent Signature (if applicant is under 18): _____ Date: _____