



714 Lacey Road
Forked River, NJ 08731
609-971-7002/www.soildistrict.org

Internship/Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Days and Hours available _____

Position Applied for: ***Refer to Internship/Volunteer Project Descriptions**

Do you have a valid New Jersey Driver License? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Major _____ Career Goal _____

References -Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment and/or Experience

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Additional Items to include with Application:

1. Cover Letter explaining why you want to be considered for an Internship/Volunteer position with the District.
2. What skills do you possess that make you qualified for this Internship/Volunteer position.
3. How will the District benefit from this Internship/Volunteer position?
4. How will you benefit from this Internship/Volunteer position?
5. Recent copy of Transcripts
6. A Letter of Recommendation from your advisor, professor or supervisor.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____