

Volunteer Internship Program

Volunteer Internship Program "VIP" is a community program that rewards students ages 12-14 with volunteer opportunities that expose them to the world of work.



Who is Eligible?

City of Rochester youth currently enrolled in high school, ages 12-14, who have a minimum of 90% school attendance for the year, and who have not had a long-term (five days or more) suspension during the school year.

Where to Apply?

City of Rochester Youth Service Center

In the Sibley Bldg., 25 Franklin St.,
Second floor, Suite 5B
Rochester, NY 14604
585-428-6342

PERSONAL INFORMATION

Please print in ink.

Name: _____
LAST FIRST MIDDLE

Demographic Information (Please check the appropriate description)

SEX: ☐ MALE ☐ FEMALE

ARE YOU HISPANIC? ☐ YES ☐ NO

RACE: ☐ CAUCASIAN (WHITE) ☐ BLACK ☐ ASIAN
☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS _____
HOUSE# STREET CITY STATE ZIP

TELEPHONE# () _____ ALT/MSG# () _____

EMERGENCY CONTACT: _____ EMAIL ADDRESS: _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____
MONTH DAY YEAR

SCHOOL YOU ARE CURRENTLY ATTENDING _____ CURRENT GRADE _____
ATTACH A COPY OF MOST RECENT REPORT CARD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ NO ☐ YES

IF YES, EXPLAIN _____

DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS? ☐ NO ☐ YES

DO YOU HAVE ANY ALLERGIES? _____

WORK HISTORY OR VOLUNTEER EXPERIENCE

NAME OF WORK PLACE _____ SUPERVISOR _____

ADDRESS _____ DATES: FROM _____ TO _____

JOB TITLE _____ DUTIES _____

☐ VOLUNTEER ☐ PAID

INTEREST/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS: _____

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS: _____

ESSAY: WHY SHOULD YOU BE CHOSEN FOR THIS PROGRAM? _____

STUDENT: *I declare that all statements made in this application are true and complete to the best of my knowledge.*

Student Signature _____ Date _____

AUTHORIZATION

SCHOOL ADMINISTRATOR:
This student has at least 90% attendance and no long-term suspensions (5 days or more) this school year.

Name/Signature _____ Title _____ Phone# _____ Date _____

PERMISSION SLIP

I, _____ hereby give permission for the Youth Training Academy Program to record the image and/or voice of my child, _____ for brochures, websites or promotional materials.

I understand that I will not be inform or reimbursed for such photographs or videos.

Parent/Guardian Signature _____ Date _____

BEFORE TURNING IN YOUR APPLICATION BE SURE:

- ☐ IT IS FILLED OUT IN **INK**
- ☐ IT IS **SIGNED** BY: ☐ YOU ☐ PARENT OR GUARDIAN ☐ SCHOOL ADMINISTRATOR
- ☐ A COPY OF THE MOST RECENT **REPORT CARD** IS ATTACHED
- ☐ **RESUME** (IF YOU HAVE ONE) IS ATTACHED

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6342.

OFFICE USE ONLY

Date Received _____ Staff Initials _____

Application approved: ☐ Yes ☐ No

If no, reason: ☐ GPA ☐ Attendance ☐ Long Term Suspension

Other _____