



JOY
to the
WORLD

FOUNDATION

Charitable Internship Program Application Form

Personal Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____ Postal Code: _____
Country/Region: _____
Web Site Address: _____
Home Telephone Number: _____
Mobile Telephone Number: _____
Fax Number: _____
E-mail Address: _____
Social Security #: _____
Date of Birth: _____

Charitable Organization

Organization's Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____ Postal Code: _____
Country/Region: _____
Web Site Address: _____
Telephone Number: _____
Fax Number: _____
Supervisor's Name: _____
E-mail Address: _____
Organization's EIN (Tax ID Number): _____
Type of Organization: _____

Employment

Company: _____

Location: _____

Dates: _____ to _____

Job Title: _____

Work Description: _____

Accomplishments: _____

Company: _____

Location: _____

Dates: _____ to _____

Job Title: _____

Work Description: _____

Accomplishments: _____

Education

School or Program Name: _____

Dates: _____ to _____

Location: _____

Degree/Level Attained: _____

Description: _____

Accomplishments: _____

School or Program Name: _____

Dates: _____ to _____

Location: _____

Degree/Level Attained: _____

Description: _____

Accomplishments: _____

Involvement with Organization

Organization: _____

Dates: _____ to _____

Affiliation/Role: _____

Working with Joy to the World Foundation

How did you hear of Joy to the World Foundation:

How long do you expect to contract with Joy to the World Foundation:

What are your Goals in working with Joy to the World Foundation:

What is your monthly support goal?

What fundraising experience do you have?

ON ATTACHED SHEETS OF PAPER PROVIDE THE FOLLOWING:

1. CHARITABLE ACTIVITIES PROPOSAL. Provide a thorough description of your charitable activities and responsibilities as you understand them. Include how many hours per week you will be working and who would be supervising your position within the organization.

Professional Reference

Name: _____ Company: _____
Telephone Number: _____ Job Title: _____
E-mail Address: _____

Personal Reference

Name: _____ Company: _____
Telephone Number: _____ Job Title: _____
E-mail Address: _____

ACKNOWLEDGEMENT:

I have read, understand and agree with the Charitable Associates Program Policy Manual.

I understand that I am required to raise whatever financial support is necessary to fund my involvement with the Joy to the World Foundation Charitable Associates Program if I am accepted and offered a contract.

To the best of my knowledge, all of the information provided on this application is true and I understand that any false statement may be cause for me not to receive a contract or for me to be terminated from the program.

I authorize the Joy to the World Foundation to contact my references and to do a criminal background check on me if necessary. I release all references, employers

and academic institutions from liability for releasing information on me to the Joy to the World Foundation.

Signatures

Sign and print your name.

Charitable Internship Applicant

Date

Foundation Approval

Date