



INTERN/VOLUNTEER APPLICATION

Mail Completed application to:

Asian Pacific Health Care Venture, Inc.
 Attn: Human Resources Associate Manager
 1530 Hillhurst Avenue
 Los Angeles, CA 90027

Please include a resume of your previous work experience, paid and volunteer.

PLEASE PRINT

Last		First	MI	Date	
Street Address			City	State	Zip Code
Home Phone (____)		Work Phone (____)			
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation			Number of hours/week		
Best time and place to be reached				Social Security No.	

IN CASE OF EMERGENCY:

Person to Contact		Relationship to you	
Address		Phone Number (____)	

Dates Available			Starting:			Ending:	
Day of Week	M	T	W	TH	F	S	S
Hours you are available							

EDUCATION	SCHOOL NAME	MAJOR	DEGREE	HAVE YOU GRADUATED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS/EXPERIENCE/HOBBIES/SPECIAL TALENTS:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Typing WPM: _____ | <input type="checkbox"/> Research |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Translation | <input type="checkbox"/> Other: _____ |

LANGUAGES:

Spoken: _____ Written: _____ Read: _____

DO YOU HOLD A LICENSE/CERTIFICATION IN ANY OCCUPATIONAL FIELD?

- Yes No

If Yes, please attach a copy

If yes, what type? _____ License #: _____

Type: _____ License #: _____

HOW DID YOU HEAR ABOUT APHCV'S INTERNSHIP/VOLUNTEER PROGRAM?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Flyer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Magazine/News Paper | <input type="checkbox"/> Other: _____ |

IN WHICH AREA(S) ARE YOU INTERESTED?

Please number your top three choices (1 for 1st, 2 for 2nd choice, etc.)

HEALTH EDUCATION

- _____ HIV/AIDS Programs
- _____ Tobacco Education
- _____ Youth Programs
- _____ TB
- _____ Outreach

PATIENT SUPPORT SERVICE

- _____ Interpretation
- _____ Material Development/Translation
- _____ Patient Education Classes
- _____ Reference/Information Organization
- _____ Outreach

CLINIC

- _____ General
- _____ Patient Care

ADMINISTRATION

- _____ Clerical Support

If you are under 18 years old, a parent/guardian's signature is required.

_____ Date: ___/___/___

Parent/Guardian's Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for an internship or volunteer work and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure placement shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery.

_____ Date: ___/___/___

Applicant's Signature

