



VOLUNTEER AND INTERN POSITION RESPONSIBILITIES

To be completed by requesting program, facility, or county health department volunteer coordinator

DATE: _____ SUPERVISOR: _____

POSITION TITLE: _____

LOCATION OF POSITION: _____

TIME COMMITMENT: _____

DURATION OF POSITION: _____

DUTIES:

QUALIFICATIONS:

TRAINING:

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES _____ NO _____

CONTACT PERSON

TELEPHONE NUMBER

PROGRAM/FACILITY

ADDRESS CITY STATE ZIP

DH 1493, 07/13

One copy of this form remains with the application packet – keep a copy if desired