

Intern Application



Advocacy and Services for People with Disabilities
Oneida-Lewis Chapter NYSARC

245 Genesee Street, Utica, NY 13501
www.thearc.org

Eddie Pugh, Volunteer Coordinator
Phone: 315.272.1521
email: epugh@thearc.org

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

School: _____ Graduation Date: _____

Major: _____

Advisor: _____ Phone: _____

Email: _____

Hours Needed: _____ Completion Date: _____

Interests, Skills and Hobbies:

Do you have any special interests, skills or hobbies? Please List: _____

Please provide 3 references other than family members:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Employment History:

Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Position: _____ Supervisor: _____
Length of Employment: _____ May we contact? () Yes () No

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Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Position: _____ Supervisor: _____
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Have you ever been convicted of a criminal offense? () Yes () No
If Yes, please explain: _____

Locations I am willing to travel to:

- () Utica () Lowville
- () Rome () Turin

Emergency Medical Contact: Please provide two contacts.

Name: _____ Phone: _____
Name: _____ Phone: _____

Do you have any physical limitations, medical condition or allergies we should be aware of?
() Yes () No
If yes, please explain: _____

Have you received a Two Step Mantoux test for Tuberculosis (TB) within the last year?
() Yes () No If yes, please provide documentation.

Transportation:

Do you have your own transportation? () Yes () No

How did you hear of The Arc's Intern Opportunities?

() Newspaper () Web Site () Other (please explain): _____

Please sign and return your completed application, along with your class schedule to:

Edie Pugh, Volunteer Coordinator
The Arc, Oneida-Lewis Chapter, NYSARC
245 Genesee Street
Utica, NY 13501

Signature: _____

Date: _____

Parents Signature: _____

Date: _____

(If under 18 years of age)

*Thank you for your interest in
interning at The Arc!*



