

How did you hear about Sound? _____

Why are you interested in volunteering at Sound?

What are your expectations as a Volunteer Professional?

Special interests and skills:

If applying for a clinical position, please discuss your therapeutic orientation:

* An Agency Affiliated Counselor license or other mental health counseling license from the Department of Health is required for all Sound volunteer professionals.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application are true and complete to the best of my knowledge. I understand that if I am accepted, false statements may result in my dismissal. I authorize Sound to make an investigation of any facts set forth in this application, including conducting a criminal history background check.

Applicant's Signature: _____ **Date:** _____

Sound will comply with local, state, and federal laws, and executive orders in the implementation of equal employment opportunity policies as it relates to internships and employment.