

## **FALL 2024**

Name		
Street Address		
City	Zip	
Email	Phone	
School you are currently attending	tending Grade	
1. What previous experience do you have at	SICSA? Check all that apply.	
PLEASE NOTE: Question #1provides backgr requirement of the Student Intern Program.	ound information ONLY. Previous SICSA experience is not a	
Family adopted a pet from SICSA		
Parent-Youth-Partner (PYPer)		
Summer camp participant		
No previous experience		
2. What do you wish to achieve as a student	t volunteer?	
3. SICSA's mission is "To promote the welfa	are and adoption of companion animals and nurture loving, lifelo	
relationships between animals and people."	How do you see yourself helping to fulfill this mission?	

4. To what other clubs/organizations/teams do you currently belong? Please indicate any leadership positions you now hold or have held in these groups.

5. What would other people describe as your	strengths?	
7. What would other people describe as your	weaknesses?	
8. Provide three teachers/adult supervisors ( recommendation. References from family m		or, Coach) to be contacted for a
Name of Teacher/Adult Supervisor	e-mail address	
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Please return this application to SICSA by August 30, 2024, at noon. Applications will not be accepted after this date/time.

Thank you for applying. If you have any questions please contact Leah O'Malley, SICSA Volunteer Manager, at <a href="mailto:lomalley@sicsa.org">lomalley@sicsa.org</a>.