**R.A.S.E.**

**(Regional Animal Shelter Educates)**

**Sponsored by Fulton County Regional SPCA**



Fulton County Regional SPCA is excited to open its doors, once again, to RASE interns! Our internship program will engage young citizens, ages 12-16 years old, in the importance and functions of a non-profit animal shelter.

If you are interested, please complete the application & essay, and return to Fulton County Regional SPCA by email to bobbijo@fcrspca.org no later than **NO LATER THAN MAY 19, 2023.**

Applicants who have been accepted to the program will be notified by the evening of May 22, 2023.

**RASE INTERNSHIP DATES:**

* **June 4, 2023**

1-3pm

* **June 11, 2023**

1-3pm

* **June 25, 2023**

10-11am

**Applicant Information**

Name:

Address:

DOB:

Parent Name & Phone #:

Allergies:

School & Grade:

**Parent Consent**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to apply to the RASE Jr. Internship Program. I completely understand that I am committing to making sure my child is on time for each of their sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

**Intern Consent**

I am submitting my application, essay, parent consent and consent to commit to the 3 week RASE Jr. Internship Program. If I am unable to commit to all 3 weeks, I understand my spot will be forfeited.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Intern Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**Essay Requirement**

On another page and in a few sentences please answer the following questions. Why do you want to volunteer at the Fulton County Regional SPCA?

* Have you ever volunteered before? If so, where? Tell us a bit about that experience.
* Why is volunteering in your community so important?
* What impact do you think, you can you make at the Fulton County Regional SPCA?
* What impact, do you think, volunteering at the Fulton County Regional SPCA will have on you?

**Photo Permission**

I give permission for my child to have their photos taken during the Fulton County Regional SPCA RASE program.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intern T-Shirt Size (Adult)** CHECK ONE

 \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

**Questions? Contact:**

Bobbi Jo Etherton-Haverly

518-229-0390

bobbijo@fcrspca.org