



**VOLUNTEER/INTERN REGISTRATION FORM**

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
Last First MI Month/Day

ADDRESS: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City Zip

PHONE: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Home/Cell Work Can you be contacted at work? Yes No

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**In order to place you in the most appropriate assignment, please complete the following:**

Education completed: \_\_\_\_\_

Currently a student? \_\_\_\_\_ Major: \_\_\_\_\_ Credentials/licenses working towards: \_\_\_\_\_

Will you receive academic credit through your college/university for your volunteer/intern participation? Yes No

Requirements for credit: Hours \_\_\_\_\_ Level of supervision \_\_\_\_\_ Other \_\_\_\_\_

Name of college/university placement coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

What times are you available to volunteer/intern? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

How did you hear about volunteer/intern opportunities with the County of Orange: \_\_\_\_\_

Please describe any previous volunteer/intern experience you have had: \_\_\_\_\_

What do you hope to gain from your volunteer/intern experience? \_\_\_\_\_

What skills and experiences do you bring to your volunteer/intern assignment? \_\_\_\_\_



What are your hobbies and interests? \_\_\_\_\_

**EMERGENCY CONTACTS:**

In case you should become ill or have a personal emergency during your volunteer/intern assignment, whom shall we contact?

Name & Relationship to Volunteer/Intern	Home/Cell Phone	Work Phone

**REFERENCES:** Please list three personal references. Do not include family members or relatives.

<u>Full Name</u>	<u>Complete Mailing Address</u>	<u>Phone Number</u>
1. _____		
2. _____		
3. _____		

I give permission to a representative of the County of Orange to contact the references listed above and authorize these references to provide requested referral information. Yes \_\_\_\_\_ (initial)

**Volunteer/Intern Guidelines and Provisions:**

**If accepted into a County of Orange volunteer/intern program, I understand that I will only be reimbursed for any mileage or out-of-pocket expenses that have been previously authorized. As a volunteer/intern, I am not an employee of the County of Orange, I understand that I am not covered by Workers' Compensation or the County's Memorandum of Understanding and that my volunteer/intern agreement may be cancelled at any time. If I use my own vehicle for any County business, I will maintain insurance as required by law.**

**The County of Orange and its officers, employees and agents shall not be held liable for any death, injury or property damage claims arising from volunteer/intern participation. If any claim arises out of the foregoing, the volunteer/intern shall defend, indemnify and save harmless the County of Orange and its officers, employees and agents from same.**

**If over the age of 18, I understand that before volunteering/interning for the County I must consent to a criminal background check which may include information from local and national criminal background records, sex offender registries, address traces, and social security verification. County personnel will provide applicants with details required to begin the criminal background process.**

**I hereby certify that all statements contained on this form are true to the best of my knowledge, and that by signing this document, I understand and agree to the above Volunteer/Intern Guidelines and Provisions.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian if volunteer is under the age of 18**

\_\_\_\_\_  
**Date**