

COUNTY OF ORANGE OC COMMUNITY RESOURCES

VOLUNTEER/INTERN REGISTRATION FORM

NAME:			BIR	THDAY:	
	Last	First	MI	Month/Day	
ADDRESS: _					
	Street			Apt. #	
-	City	S	State	Zip	
PHONE:					
58 00 30 202002	Home	Cell		Work	
E-MAIL:		Wo	ork Hours:		
				at work? Yes θ No θ	
EMPLOYER:	-				
In order to j	place you in the most a	ppropriate assignment, p	lease complete the follo	owing:	
Education com	pleted:				
Currently a stu	dent? Major:	Credentials	s/licenses working towards:_		
Will you be re	ceiving academic/course cre	dit for your volunteer/intern pa	articipation? Yesθ No θ		
Requirements	for academic/course credit:	Hours Supervision	Other		
Academic Plac	ement Coordinator:		Phone:		
What times are you available to volunteer/intern? Days:			Hours:		
		n opportunities with this depar			
Please describe		ern experience you have had:			
	- 10				
200					

What do you hope to gain from your volunteer/intern experience?				
West skills and sometimes to the latest terms of the skills and the skills and the skills are the skills and the skills are th				
That skills and experiences do you bring to your vol	unteer/intern assignment?			
What are your hobbies and interests?				
lave you ever been convicted of a felony?	_ If yes, please explain and give of	lates:		
MERGENCY CONTACTS:				
case you should become ill or have a personal eme	rgency on your volunteer/intern ass	ignment, whom shall we contact?		
ontact Name and Relationship to Volunteer	Home/Cell Phone	Work Phone		
ontact Name and Relationship to Volunteer	Home/Cell Phone	Work Phone		
EFERENCES:				
ease list three personal references. Do not include	family members or relatives.			
Ill Name Complet	e Mailing Address	Phone Number		
		-		
give permission to a representative of the County of ferences to provide requested referral information. arent/guardian must initial if volunteer is under the a	Orange to contact the references list Yes (initial)			

VOLUNTEER 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 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 work. If any claim arises out of the foregoing, the volunteer shall defend, indemnify and save harmless the County of Orange and its officers, employees and agents from same.

I hereby certify that all statements contained on this registration form	are true to the best of my knowledge, and that				
by signing this agreement, I understand and agree to the above volunteer guidelines and provisions.					
Signature	Date				
Signature of Parent/Guardian if volunteer is under the age of 18	Date				