

## COUNTY OF ORANGE-**TAB** VOLUNTEER/INTERN REGISTRATION FORM

NAME:			BIRTHDA	Y:
	Last	First	MI	Month/Day
ADDRESS:				
	Street			Apt. #
	City			Zip
PHONE:	Home/Cell	Work	Work Hours: Can you be contacted at work? Y	es No
EMAIL:			FAX:	
EMPLOYER	:			
In order to	place vou in the mo	ost appropriate assignme	ent, please complete the following	•
Currently a st	udent? Major:	Cred	lentials/licenses working towards:	
Will you rece	ive academic credit thro	ugh your college/university fo	or your volunteer/intern participation? Ye	es No
Requirements	for credit: Hours	Level of supervision	Other	
Name of colle	ege/university placement	coordinator:	Phone:	
What times are you available to volunteer/intern? Days:			Hours:	
How did you	hear about volunteer/inte	ern opportunities with the Cou	unty of Orange:	
Please describ			had:	
What do you	hope to gain from your v	volunteer/intern experience?		
-				

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
Name & Relationship to Volunteer/Intern	Home/Cell Phone	Work Phone
<u>REFERENCES:</u>		
Please list three personal references. Do not include	family members or relatives.	
Full Name Comple	te Mailing Address	Phone Number
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 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.

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