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

Date