



VOLUNTEER & INTERN APPLICATION

I'm interested in: (check one)

Volunteering

Internship

INFORMATION

Name: _____ Organization: _____

Where Did You Hear About Us?: _____

Phone: _____ Select One: Cell Home Office

Phone: _____ Select One: Cell Home Office

Email: _____

Address: _____

City, State and Zip: _____

Employer: _____ My employer will match volunteer hours

Students (if applicable)

High School or College: _____ Hrs Required: _____

Major: _____

POSITION INTEREST

Is there a specific program or position that you are applying for?

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ambassador's Program (wellness calls) | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Community outreach and advocacy | <input type="checkbox"/> Special events / one-time opportunities |
| <input type="checkbox"/> Connect people with needed resources | <input type="checkbox"/> Wherever I'm needed most |
| <input type="checkbox"/> Administrative support and data entry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social media, blogs, computer support | |

What are you looking for in a volunteer/intern experience?

Summarize any special skills, training and qualifications from previous employment or volunteering, including hobbies.

How many hours per week (estimated) would you like to volunteer? _____



When are you available to volunteer? (Check all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Other (specify): _____ |

What are some skills or experience that you would like to gain?

What languages do you speak and/or write? Please check all that apply:

- | | | | |
|---------------------------------------|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |

Please describe your experience working with people living on low incomes, or seniors, or adults with disabilities from diverse backgrounds (this may include race, culture, sexual orientation, socioeconomic, age, etc.):

Do you have access to a vehicle that you would be willing to use while volunteering? Yes No

If yes, please specify: Car Truck SUV Van Other _____

If you answered, Yes, do you have a valid California Driver’s License? Yes No

If you answered, Yes, do you have a valid Insurance? Yes No

*As a volunteer, you may need to travel to community events, festivals, or make a home visit.

REFERENCES

References are contacted to help determine appropriate volunteer positions. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name: _____ Relationship: _____
 Email: _____ Phone: _____

Name: _____ Relationship: _____
 Email: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

AUTHORIZATION/CONSENT (Required)

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purpose of determining whether there is an appropriate and satisfactory volunteer or intern position for me, including contacting my references. I understand that prior to being accepted as a volunteer, I will need to have a Live Scan background check performed, and I agree to complete the form(s) required for that process. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application may result in my not being able to continue as a volunteer with Sourcewise.

If I am under 18, an underage waiver must be signed by a parent or guardian prior to volunteering.

Applicant's signature: _____ Date: _____

Thank you for your interest in volunteering at Sourcewise! Please send or email your completed application to: **Sourcewise – Volunteer Program**
3100 De La Cruz Blvd, Ste 310
Santa Clara, CA 95054
volunteer@mysourcewise.com

Phone: (408) 350-3200, option 1 Fax: (855) 921-1873



VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the “release”) executed on _____ (date) by

_____ (“Volunteer”) releases Sourcewise, (“Sourcewise”), a Nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Sourcewise and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Sourcewise is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Sourcewise will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Sourcewise.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Sourcewise and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Sourcewise. I understand and acknowledge that this Release discharges Sourcewise from any liability or claim that I may have against Sourcewise with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Sourcewise or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Sourcewise does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Sourcewise beyond what may be offered freely by Sourcewise in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Sourcewise from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Sourcewise.
4. Assumption of Risk: I understand that the services I provide to Sourcewise may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Sourcewise from all liability.
5. Photographic Release: I grant and convey to Sourcewise all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Sourcewise in connection with my providing volunteer services to Sourcewise. I understand that I will receive no name recognition or monetary compensation for the use of said photograph(s) and/or audio or video footage.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

SIGNATURE (OR PARENT/GUARDIAN IF UNDER 18)

DATE

CHILD’S NAME: _____

