

VOLUNTEER & INTERN APPLICATION

I'm interested in: (check one) Volunteering Internship

INFORMATION

Name: _____ Organization: _____

Phone (cell): _____ Phone (home): _____ Phone (work): _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Where did you hear about us?: _____

My employer will match volunteer hours

Age:

17 and under 18-20 21-29 30-39 40-49 50-59

60-69 70-79 80-89 90-99 100+ _____

Students (if applicable):

Elementary Junior High High School

College

Major: _____ Minor: _____ Hours Required: _____

POSITION INTEREST

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

Group Activities:

Beautification Project - home maintenance projects (e.g. yard work, painting, organizing)

Digital Literacy - assist a senior become more familiar with technology devices

Gift bags for Seniors - donate and create giftbags for vulnerable low-income seniors that include nonslip socks, a blanket, and a \$50 gift card for Target or Walmart

Social Activities with seniors at community centers

Special Events/one-time opportunities (e.g. PPE sorting, marketing packets, and misc. admin projects)

Individual Activities:

- Ambassador's Program** - weekly wellness phone calls (virtual)
- Card Project** - create and write a thoughtful note to give to our Meals on Wheels recipients
- Health Insurance Counselor** (note: requires 6 months+ commitment and state training)
- Home Visits** - spend time with a senior (e.g. board games, craft projects, gardening)
- Other:** _____

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

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? Please check all that apply.

- Mornings
- Weekends
- Afternoons
- Weekdays
- Evenings
- Other (specify): _____

What are some skills or experiences you would like to gain?

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

- | | | | |
|-----------------|-----------------------------|--------------------------------------|--|
| 1. Cantonese | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 2. Mandarin | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 3. Russian | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 4. Spanish | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 5. Vietnamese | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 6. Korean | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 7. Farsi | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> Speak (Conversational) |
| 8. Other: _____ | <input type="radio"/> Write | <input type="radio"/> Speak (Fluent) | <input type="radio"/> 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):

REFERENCES

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

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ 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: _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

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

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.

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.

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.

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.

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.

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: _____