

I. CONTACT INFO

VOLUNTEER / INTERN APPLICATION

Updated 8/23/21 - BCM

Thank you for your interest in volunteering with OC United!

Volunteers play a vital role in our programs. All volunteer applications are reviewed with consideration of our currently available volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

First Name:	Last Name:
Phone:	
Email:	
Can we add you to our OC United En	nailing List? Yes No
Birthdate:///	
Street Address:	
City:	State: Zip Code:
II. EDUCATION & EMPLOYMENT	
Hightest Education Level Completed	:
Current Employer:	
Occupation / Job Title:	
Do you speak English?? YES N	O
Do you speak Spanish? YES NO)
Other languages?	
Are you CPR / First Aid Certified? Y	'ES NO I DON'T KNOW
III. EMERGENCY CONTACT INFORMA	ATION
First Name:	Last Name:
Phone Number:	Email:
Relationship to you:	



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How did you find out about OC United?					
Why are you interested in volunteering with OC United? What do you hope to gain?					
	ua avnorianae as a v	olunteer? With which o	rganizations, and what		
	as experience as a vi				
of work did you do? Which volunteer skills do			necting you to a releva		
Have you had any previous of work did you do? Which volunteer skills do volunteer role? Basic Office Skills	you possess that w	ould be helpful in conn			
of work did you do? Which volunteer skills do volunteer role?	you possess that w	ould be helpful in conr			
of work did you do? Which volunteer skills do volunteer role? Basic Office Skills	you possess that we Childcare Cooking	ould be helpful in conn Cleaning CPR	Computer Usage		
of work did you do? Which volunteer skills do volunteer role? Basic Office Skills Construction	you possess that we Childcare Cooking	ould be helpful in conn Cleaning CPR	Computer Usage		
which volunteer skills do volunteer role? Basic Office Skills Construction Crisis Management	you possess that we Childcare Cooking Data Entry Fundraising	ould be helpful in conr Cleaning CPR Graphic Design	Computer Usage Crafting Event Planning Manual Labor		



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		,	", please select the		
TES NO	_				
ro vou intoros	tad in a particul	ar valuntaar on	nortunity?		
-	ted in a particul	_	_		
Domestic Ab			_	Jobs for Life	
Neighborhoo	ods		_	THRIVE Prog	ram
United Kids		CBI / Vo	ces Unidas _	General	
I don't know	!	Other (E	xplain below):		
∕hat do you kn	ow about the vo	olunteer opport	unity(ies) that yo	u have selected	?
. AVAILABILITY	f (Please place a	ın "X" in the boxı	(es) that you are a	⁄ailable)	
. AVAILABILITY	Y (Please place a NOT AVAILABLE	n "X" in the box	(es) that you are at	vailable) EVENINGS	OTHER
. AVAILABILITY	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER
	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER
SUNDAY	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER
SUNDAY	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER
SUNDAY MONDAY TUESDAY	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER
SUNDAY MONDAY TUESDAY WEDNESDAY	NOT		· · · · · · · · · · · · · · · · · · ·	·	OTHER



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VI. REFERENCES

Volunteers are required to have at LEAST 2 references who are not current staff or volunteers for OC United. Thank you!

First & Last Name:	Phone:
Email:	Relationship to you:
First & Last Name:	Phone:
Email:	Relationship to you:
First & Last Name:	Phone:
Email:	Relationship to you:
VII. OTHER DETAILS	
Have you ever been convicted of a feld	ony and / or served time in prison? Yes No
Would you be willing to have a backgr A security check is required for all volunteers with	round check completed? Yes No o OC United. This involves a check of police records.
Is there any additional information tha <i>If yes, please enter in the notes below:</i>	nt OC United should know about you? Yes No



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IV. VOLUNTEER / INTERN CONTRACT

In consideration for being allowed to participate as a volunteer or intern (the "Activity") by OC United Together ("OC United"), the sponsoring organization (herein after the "Entity") the Undersigned does hereby agree to this express waiver of liability against the Entity, and makes the release and Indemnity Agreement with Entity set forth below. The Undersigned, for themselves, and their personal representatives, assigns, heirs, and next of kin, and each and every one of them:

- As a condition of being allowed to volunteer with the Activity, voluntarily and absolutely releases and discharges the Entity and its officers, agents, and employees, from any and all losses, damages, actions or causes of action resulting from volunteering with Love Fullerton; whether or not such injuries or damages are caused by negligence (active or passive). The Undersigned agrees to obey instructions given by the person(s) having supervision and control over the Undersigned's position.
- Hereby indemnifies and holds harmless the Entity and its officers, agents, servants, or employees ("Indemnitees") from any and all claims or causes of action by any person or entity, and under no circumstances will present any claims against Indemnitees for personal injury, property damage, or wrongful death caused by any act of negligence (active or passive) by Indemnitees.
- Hereby gives permission to the physician selected by the Entity and/or its Released Party personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist. The undersigned consents to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care upon the advice of or rendered by a physician, nurse, surgeon, or dentist. The undersigned is authorized to consent to services to be rendered, and no other consent is required by law. Hereby agrees that any injury as a result of volunteering with the Entity and the Released Party, recourse for payment of hospital, medical, dental, or related costs and expenses will be paid by me or my spouse, accident, hospital or medical insurance, or any benefit plan of mine or my spouse.
- Hereby acknowledges that participation in the Activity constitutes approval to be videoed and photographed and for those videos or photographs to be used in the Entity and/or its Released Party's-related publications and website(s) without compensation therefor.
- The Undersigned hereby warrants that the foregoing statements are true and correct and that the Undersigned understands that the Entity has relied upon such warranties in entering into this Agreement, and making the premises available for use by the Undersigned. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this agreement, apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND LEGAL CONSEQUENCES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AM AWARE THAT THIS IS AN EXPRESS WAIVER OF LIABILITY AND A RELEASE AND INDEMNITY AGREEMENT BETWEEN THE ENTITY, AND MYSELF AND I AGREE TO IT WITH MY OWN FREE WILL.

Applicant Full Name	Applicant Signature	Date Signed
Parent / Guardian Name (if applicant is under 18 years of age)	Parent / Guardian Signature	Date Signed
Parent / Guardian Phone	 Parent / Guardian Email	



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OC I	United	Staff	use	only:
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Received on:	Staff Initials:	Initiative:	
Notes:			