



COUNTY OF ORANGE VOLUNTEER / INTERN APPLICATION Riley Wilderness Park



NAME: _____
Last
First
MI

ADDRESS: _____
Street
Apt. #

_____ City Zip

TELEPHONE: (____) _____ (____) _____
Home
Work

E MAIL: _____ FAX: _____

In order to place you in the most appropriate assignment, please complete the following:

CIRCLE CURRENT STATUS: Attending School / Employed / Retired Where: _____

Education level completed: _____ Major: _____

Describe any previous volunteer / intern experience you have had:

Indicate the times you are available to volunteer:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mornings							
Afternoons							
Full Day							

Please prioritize three of the following fields you would be interested in volunteering for (1 = first choice, 2 = second choice, 3 = third choice) and circle a sub-category. *Every effort will be made to assign you to your first choice:*

i.e. 1 Publication – Newsletter / Schedules

- | | |
|--|--|
| <p>___ Accounting – Bookkeeping</p> <p>___ Administration – Office / Phones</p> <p>___ Art – Illustration / Interpretive Displays</p> <p>___ Communication – Correspondence</p> <p>___ Computer – Database / Technician / Web</p> <p>___ Garden Naturalist / Trails</p> <p>___ Greeter – Guest Services / Visitor Center</p> | <p>___ History – Local / Regional</p> <p>___ Management – Volunteer Coordinator</p> <p>___ Marketing – Events / Promotions</p> <p>___ Programs – Adults / Family / School / Scouts / Youth</p> <p>___ Publication – Newsletter / Schedules</p> <p>___ Sales – Gift Shop / Refreshments</p> <p>___ Science – Anthropology / Astronomy / Ecology / Geology</p> |
|--|--|

List skills you have to offer which apply to your selections above: _____

(Please continue on other side)



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Are there any physical limitations to any work assigned? _____ If yes, please explain: _____

Have you ever been convicted of a felony? _____ If yes, please explain and indicate dates: _____

EMERGENCY CONTACTS:

In case you should become ill or have a personal emergency on your volunteer / intern assignment, whom shall we contact?

Name () Home Phone () Work Phone

Name () Home Phone () Work Phone

Have you ever had allergic reactions to bees? _____

REFERENCES:

Please list three personal references. Do not include family or relatives.

	FULL NAME	COMPLETE MAILING ADDRESS/ ZIP	PHONE
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)

Are you a minor (under the age of 18)? _____ If you indicate that you are a minor (under the age of 18) you MUST have a parent or legal guardian sign and date below.

Volunteer Guidelines and Provisions:

If accepted into a County of Orange volunteer / intern program, I understand that, I am not an employee of the County of Orange, I understand that I am not covered by Workman's 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 work. If any claim arises out of the foregoing, the volunteer shall indemnify and save harmless the County of Orange and its officers, employees and agents for same.

I hereby certify that all statements contained on this application are true to the best of my knowledge, and that by signing this agreement, I understand and agree to the above volunteer guidelines and provisions.

Signature Date

Signature of Parent or Guardian (if volunteer is under the age of 18) Date