



ATLANTIC COUNTY GOVERNMENT
Division of Human Resources
1333 Atlantic Avenue, Atlantic City, NJ 08401
www.aclink.org

VOLUNTEER/INTERN/SPECIAL APPLICATION

PERSONAL DATA

(PLEASE PRINT OR TYPE)

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP

TELEPHONE (H) _____ (W) _____

E-MAIL _____ MESSAGE _____

SOCIAL SECURITY NUMBER _____

Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a crime or disorderly persons offense other than a traffic violation? ____ Yes ____ No

If you have been convicted of a crime, please cite year, conviction, county or state of conviction.

EDUCATION

	School Name & Location	Highest Grade Completed	Degree/Course of Study
High School			
College			
Graduate			
Other Special Training			

VOLUNTEER/INTERN/SPECIAL APPLICATION

1. List any skills, interests, or hobbies:

2. List any foreign languages you may speak, read, and write:

3. Are you currently employed? _____ YES _____ NO

If yes, please list employer's name & address: _____

4. Are you a currently enrolled student? _____ YES _____ NO

If yes, please list school: _____

5. Are you retired? _____ YES _____ NO

6. Indicate the type of volunteer assignment you prefer:

7. Why are you interested in this area?

8. List other areas you would be interested in, if your first choice is unavailable:

9. Check the days of the week you are available:

MON TUE WED THUR FRI SAT SUN

10. List hours you prefer: _____

11. List any previous volunteer experience: _____

Dates (from/to) _____ Number of hours served _____

12. How did you hear about the Atlantic County Volunteer Program?

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13. If you were referred by an Atlantic County employee, please give their name and department.

REFERENCES

PLEASE PROVIDE TWO PROFESSIONAL AND/OR PERSONAL REFERENCES

NAME	STREET ADDRESS	CITY/ST & ZIP CODE	PHONE NUMBER
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1. _____

2. _____

EMERGENCY CONTACT

PLEASE PROVIDE INFORMATION ON WHO TO CONTACT IN CASE OF EMERGENCY

NAME	RELATIONSHIP	EMERGENCY PHONE NUMBER(S)
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1. _____

STATEMENT OF AGREEMENT

I certify that information within this application is true and correct to the best of my knowledge. I understand any false statement on this application may be considered cause for rejection of said application or for dismissal if such statement is discovered subsequent to an assignment.

I give permission for Atlantic County Government to investigate the information contained in this application, including inquires of law enforcement agencies for possible pending charges or convictions. I authorize employers, educational institutions, law enforcement agencies, agencies where I have previously volunteered, and the U.S. Government to release information on me to Atlantic County Government.

Applicant's Signature: _____

Print Name: _____

Date: _____

Parent or Guardian Signature (if applicant is under 18 years of age)

VOLUNTEER/INTERN/SPECIAL APPLICATION

County of Atlantic, NJ Volunteer Program *Liability Indemnification Waiver*

By signing this liability waiver, I agree to the following:

1. I understand, acknowledge and agree that I am not an employee of the County of Atlantic.
2. I am not covered by the County of Atlantic's Workers' Compensation Plan.
3. In case of serious injury, I give my permission for the County of Atlantic personnel to seek any medical treatment should it become necessary.
4. I release, waive, discharge and covenant on behalf of myself and my minor children not to sue the County of Atlantic, their elected and appointed officials, agents, volunteers and employees ("Releasees") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury, medical injury, whether caused by Releasees' negligence or otherwise, while I, and my minor children, participate in the County of Atlantic's Volunteer Program(s).
5. I further agree to defend, indemnify and hold harmless the County of Atlantic and its officers, employees and agents, from and against any and all claims, actions and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith.
6. I have read and voluntarily sign this release, waiver of liability and indemnity agreement and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Individual

Group / Organization / Business

Individual Name: _____

If not individual, Group/Organization/Business Name: _____

Primary Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

If signing on behalf of a minor:

Child's Name: _____

Child's Age: _____

Signature: _____

Date: _____

VOLUNTEER/INTERN/SPECIAL APPLICATION

DIVISION OF HUMAN RESOURCES USE ONLY

Volunteer _____ Intern _____ Other (Explain): _____

Criminal background check required: YES _____ NO _____

Reference Letters Sent: _____ Received: _____

Placement Location: _____ Expected Start Date: _____

Actual Start Date: _____ Termination Date: _____

Reason for Termination: _____

Exit Interview Held: _____

Attachments: YES _____ NO _____