



**ATLANTIC COUNTY GOVERNMENT**  
Division of Human Resources  
1333 Atlantic Avenue, Atlantic City, NJ 08401  
[www.aclink.org](http://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

**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:

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3. Are you currently employed?  YES  NO

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

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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:

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7. Why are you interested in this area?

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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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**VOLUNTEER/INTERN/SPECIAL APPLICATION**

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

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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**

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**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 \_\_\_\_\_