



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			

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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 the 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 understand all volunteer/intern applicants (including minors) at the Animal Shelter, Library, Meadowview Nursing Home, and at the County Parks system are required to complete and pass a criminal background check. 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)

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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: _____

Child's Name: _____

Child's Age: _____

Child's Name: _____

Child's Age: _____

Child's Name: _____

Child's Age: _____

Signature: _____

Date: _____

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PARENTAL CONSENT FOR BACKGROUND CHECK FOR MINORS

_____ is applying for a volunteer opportunity with Atlantic County
name of applicant (minor)

Government. Part of this process includes a background check because the position either involves fiscal responsibility or deals with vulnerable members of the public such as children or the elderly.

Background checks will include social security verification and criminal history.

As the parent/guardian of the above referenced minor, I understand the purposes of these pre-employment checks and hereby provide my consent for the background check of

name of applicant (minor)

Signature: _____

Parent/Guardian name: _____

Relationship to minor: _____

Date: _____

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To be given to volunteer applicants who need to complete a criminal background check

A Summary of Your Rights Under FCRA

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552. **You must be told if information in your file has been used against you.**

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For

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more information, go to www.consumerfinance.gov/learnmore.

- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

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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 _____