



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

1. _____

2. _____

EMERGENCY CONTACT

PLEASE PROVIDE INFORMATION ON WHO TO CONTACT IN CASE OF EMERGENCY

NAME RELATIONSHIP EMERGENCY PHONE NUMBER(S)

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)

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: _____

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 FACRA act promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.**
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the file which is under ("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:
 - *You are the victim of identity theft and place a fraud alert in your file
 - *Your file contains inaccurate information as a result of fraud
- **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.
- **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 an employer, 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.
- **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.ftc.gov

Para information en espanol, visite www.ftc.gov escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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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 _____