



Volunteer/Intern Application

Name _____

Address _____

City _____ State _____ Zip code _____

Phone: day () _____ evening () _____ e-mail _____

How did you hear about PWI?

Briefly explain why you are interested in volunteering for PWI.

Availability for Volunteering

Amount of time: _____ hours per week _____ hours per day _____ day(s) of week

Start on _____ End on _____

Geographic Preference: Please check which PWI office(s) you would like to work at

- South Bay (Chula Vista) East County (Santee)
 •San Diego (Mission Valley) North County (Oceanside)

Previous volunteer and/or employment experience

Organization or Employer Position/major responsibilities Start Date End Date

Areas of interest

- Working with clients
- Joining a committee
- Planning social events for clients
- Office painting & repairs
- Recruiting other volunteers
- Clerical work
- Working on a fundraising event

Skills/Abilities

References

List two professional references (other than relatives)

1. Name: _____ Day phone: _____

Relationship: _____ Length of time known: _____

2. Name: _____ Day phone: _____

Relationship: _____ Length of time known: _____

I authorize contact of the references listed above. All the information I have given to PWI is accurate and true. If selected as a volunteer or intern, I agree to abide by PWI Policies and Procedures, and to fulfill my responsibilities to the best of my ability.

Volunteer/Intern Signature _____ Date _____

cc: original of this form to A/HR, copy to director



VOLUNTEER/ INTERN WAIVER AND RELEASE

I understand that volunteering with PWI is contingent upon successful completion of a criminal background investigation and, if applicable a reference check, copy of drivers license, acceptable DMV record/printout, and acceptable auto insurance.

As Applicable To The Volunteer Duties:

- Driver’s license - you will need to show a valid driver’s license for those positions that are required to drive as part of their Voluntary/Intern job description.
• DMV record - An acceptable DMV record/printout (i.e., DMV record cannot have more than a total of three 1-point violations or any 2-point violation) can be obtained from the DMV and will be required for those positions that are required to drive as part of their Voluntary/Intern job description.
• Auto insurance - acceptable auto insurance, which meets or exceeds the state minimum requirement will be required for those positions that are required to drive as part of their Voluntary/Intern job description. Auto insurance documentation must include the name of the applicant and the dates (i.e., from and to) that the policy is effective.

I do hereby authorize verification of all information in my volunteer application from all sources of criminal history, or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release of information, which will be considered in determining any suitability for volunteering.

I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteering. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc. to furnish the above-mentioned information (i.e., criminal history). This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to IntelliCorp Records, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc. has previously furnished within the two year period preceding my request.

I acknowledge that I am in good general health, with no medical or psychiatric conditions that would prevent me from performing my duties as assigned.

I will hold PWI, its Board, officers and employees harmless from all injuries, accidents or losses that may occur while I work as a volunteer or intern, except for injuries that occur due to negligent acts of PWI.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteering.

Waiver and Authorization to Release Information:

Gender : F [] M []

I, _____
Last Name First Name Middle Name
Social Security Number Driver's License Number State Issued
Current Address Dates Lived Here
Email Address Date of Birth

Addresses for the Past Seven Years (include street, city, state, zip code):
(from/to):

Dates of Residence

_____	_____
_____	_____
_____	_____

Other Names Used (including maiden name):
(from/to):

Years Used Name

_____	_____
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_____	X	_____
Volunteer (print name)	Signature	Date

As a CALIFORNIA resident, if you would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box.

_____	X	_____
PWI Authorizing Representative (print name)	Signature	Date

cc: original to A/HR; copy to post offer applicant