



EASTER SEALS CENTRAL TEXAS
Intern/Volunteer Profile and Application

Name _____ Date _____

Address/City/State/Zip _____

Phone _____ E-mail _____

Indicate the reason you are seeking an internship/volunteer position *(check all that apply):*

- | | |
|---|---|
| <input type="checkbox"/> Personal fulfillment | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> Family/friends involved in service | <input type="checkbox"/> Extra time |
| <input type="checkbox"/> Requirement for class/degree | <input type="checkbox"/> Other _____ |

How did you learn about Easter Seals Central Texas?

- | | | |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Event |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ | |

If applicable, list your previous volunteer/work experience including internships: _____

Please explain any conditions which may affect your ability to work with others: _____

List any organizations, if any, of which you are currently a member: _____

Skills: *(check all that apply)*

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Administrative/clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Special Event Planning | |

Emergency Contacts:

Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

Alternate Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

Please list any medical conditions, medicine allergies we should know about: _____

Please read the following carefully and sign on the line provided:

I understand and fully acknowledge that, in volunteering for Easter Seals Central Texas, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or by Easter Seals Central Texas for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I hereby give permission for Easter Seals Central Texas to contact references, to checking driving and/or criminal background if deemed appropriate. I understand I may have to give additional information to Easter Seals Central Texas to secure such records.

I further understand that by signing this agreement, I hereby consent for Easter Seals Central Texas (ESCT) to conduct a search of my person, personal effects, vehicle and other property located on Easter Seals Central Texas premises or work sites should under reasonable suspicion ESCT determines that I have violated the agency substance abuse policy which I acknowledge receiving and understanding.

It is my understanding that all information I provide to Easter Seals Central Texas is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause for immediate dismissal.

I further understand that I may be asked to undergo training and/or testing where applicable for areas of Easter Seals Central Texas.

Intern/Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____



Easter Seals Central Texas CONSENT FORM – BACKGROUND INVESTIGATION

Easter Seals Central Texas (ESCT) appreciates your interest in applying for volunteer/internship position with our agency. Certain information may be requested as it relates to your service as per our policies. Your signature on this document indicates that you have read and understand the conditions set forth by Easter Seals Central Texas.

I understand that ESCT may perform a pre-volunteer/internship background investigation to determine my suitability for the volunteer/internship I seek; I hereby authorize ESCT to secure the information necessary to make such a decision. I further understand that while an offer of a volunteer/internship position might precede any such investigation, actual volunteer/internship engagement is contingent upon a determination of my suitability for the position I seek.

By signing this document, I authorize Easter Seals Central Texas to conduct a background investigation. I also certify that the information provided in my resume, application for volunteer/internship position, interview, and/or background check, is accurate, and, if offered the position, I understand that any information falsely provided will be sufficient grounds for the immediate termination of the volunteer/internship position.

I hereby authorize the release of the information related to this investigation, and further release from liability any and all individuals and organizations who request or provide information to Easter Seals Central Texas concerning my professional competence, ethics, character, criminal record (if any), and qualifications and authorize my prior employers/references to release any such requested information about my experience. I also understand that certain positions may require that this background investigation include my credit history and/or credit check.

Signature

Date

Please note: You will not be considered for a volunteer/internship position if you do not provide the authorization for Easter Seals Central Texas to conduct the background investigation identified above. Date of birth, driver's license number, and social security number will be used only to complete the background investigation and will not become part of the selection process.

Name (printed)

Name (maiden/alias)

Date of Birth

Social Security Number

Driver's License Number & State

RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 10 YEARS

Address City State Zip From: _____ To: _____

Address City State Zip From: _____ To: _____

Address City State Zip From: _____ To: _____

(Federal Law prohibits discrimination against person age 40 and over. Date of birth is used for verification purposes only and is not used in the selection process prior to an individual's acceptance of the volunteer/internship position)

Updated 6/8/15



Hold Harmless Agreement/Waiver of Liability Easter Seals Central Texas

I hereby release and hold harmless the Easter Seals Central Texas, its directors, regents/trustees, agents, employees for any personal injuries I may sustain as a result of my participation in activities and volunteer opportunities. This includes on- and off-premises activities, trips, practices, etc.

I hereby agree to assume all risk of injury and loss that may arise as a result of participating in this activity and further agree to hold: Easter Seals Central Texas and/or its agents, harmless for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.

I also understand that as a volunteer of Easter Seals Central Texas, I must have adequate health insurance coverage, at my own expense.

Intern/Volunteer's Name

Signature

Date

Address/Phone: _____

If volunteer is under eighteen years of age, a parent or legal guardian must sign below.

As parent/legal guardian of _____, I hereby sign this Hold Harmless Agreement on behalf of my son/daughter/ward.

Parent/Legal Guardian signature

Date



Volunteer Handbook

I acknowledge that I have received and read this Volunteer Handbook and agree to follow the policies and procedures as set forth therein. I acknowledge that the current Volunteer Handbook supersedes any and all prior handbooks or policies of Easter Seals Central Texas.

Volunteer Signature

Date

Parent/Legal Guardian signature (for volunteers under 18 years)

Date