

Alameda County Law Library Intern/Volunteer Application

PLEASE PRINT

Applicant Name:

(Last)

(First)

(MI)

Volunteer Position:

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

For volunteers under the age of 18, please provide:

Guardian Name:

(Last)

(First)

(MI)

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

Explain why you are interested in this position or what type of positions you are interested in:

List all experience and/or skills that you have in relation to the volunteer position you are applying for:

Please provide three non-related personal references:

(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)

What times of the day are you most available to volunteer?

Monday: a.m. ____ p.m. ____ Wednesday: a.m. ____ p.m. ____ Friday: a.m. ____ p.m. ____
Tuesday: a.m. ____ p.m. ____ Thursday: a.m. ____ p.m. ____

Do you have any health limitations that may restrict your performance of assigned duties? Yes No
Please Explain:

I have been informed against and accepted responsibility for any breach on my part respecting confidential information. In return for any benefits provided by the Alameda County Law Library, in providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the Alameda County Law Library or any of its agents, servants, or employees for illness, injury, debts or other harm arising from my volunteer services, whether or not authorized, above and beyond any medical benefits provided by the County, excepting the sole negligence of the County.

(Volunteer Applicant Signature) _____ (Date) _____

(Parent / Guardian Signature if applicant is under 18 years old) _____ (Date) _____

Medical Insurance Company & Policy #: _____

Emergency contact name & telephone number: _____

California Driver License #: _____