



12912 Brookhurst Street, Ste. #410, Garden Grove, CA 92840

### Volunteer/Intern Application

Please fill out as completely as you can.  
Email to [volunteer@ocapica.org](mailto:volunteer@ocapica.org) or Fax to 714-636-8828

#### 1. Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a student?  Yes  No (If no, go to Section 2) If yes:  High School  College  
 School Name: \_\_\_\_\_ Major(s): \_\_\_\_\_  
 Are you volunteering for course requirement?  Yes  No Class: \_\_\_\_\_  
 How many hours do you need to complete? \_\_\_\_\_ By when: \_\_\_\_\_

#### 2. Volunteer Interests

What type of opportunity are you looking for?  
 One-Time Volunteer  Long Term Volunteer  Internship/Service Learner (for school credit)  
 Please check the program/dept. you would like to work with. You may choose more than one.  
 Youth  Health  Mental Health  Special Projects/Policy  General/Admin.

#### 3. Availability

Please indicate by *writing the hours* available in the boxes.

Sat/Sun	Monday	Tuesday	Wednesday	Thursday	Friday

Are you available to volunteer on some weekends?  Yes  No  
 Can you commit to a volunteer period of at least 3 months?  Yes  No

#### 4. Language and Experience

Are you bilingual?  Yes  No  
 If yes, what language(s)? \_\_\_\_\_

Please indicate level of fluency (1 = low to 5 = high)

Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Written	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please list any training, volunteer work, or other experience you have had with respect to this type of organization. Include any type of special skills that would be helpful for us to be aware of.



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\*\*\*All volunteers/interns must complete a LiveScan fingerprint and background check.

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## 5. Photograph Release Form

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This agreement is made and entered into by and between the Orange County Asian and Pacific Islander Community Alliance (OCAPICA), with offices at 12912 Brookhurst Street, Ste #410, Garden Grove, CA 92840 and \_\_\_\_\_.

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

### PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

\_\_\_\_\_  
Applicant Signature (Parent/Guardian Signature, if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Applicant Name (Parent/Guardian Signature, if under 18)

\_\_\_\_\_  
Date