



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 or Fax to 714-636-8828

1. Personal Information

Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____
 Gender: _____ Ethnicity: _____ Date of Birth: _____

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?

<input type="checkbox"/> One-Time Volunteer	<input type="checkbox"/> Long Term Volunteer	<input type="checkbox"/> Internship/Service Learner (for school credit)
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Please check the program/dept. you would like to work with. You may choose more than one.

<input type="checkbox"/> Youth	<input type="checkbox"/> Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Special Projects/Policy	<input type="checkbox"/> General/Admin.
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3. Availability

Please indicate by writing the hours available in the boxes.

Sat/Sun	Monday	Tuesday	Wednesday	Thursday	Friday
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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.

5. Photograph Release Form

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