

****If over the age of 18, please attach resume with this application****

I am under 18 years of age and currently attend _____ school
(Name of Grade/chool)

located in _____
City State

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a: volunteer intern helper
(child's name)

at the F.R.I.E.N.D.S. Summer Camp.

Parent's Signature _____ Date _____

Parent's name _____
(print)

Employment History (Helpers/Volunteers are not required to complete this section)

Employer	Job Title	From	To	Reason for Leaving

Current Employment Status: Full-Time Part-Time Student Retired Unemployed

Experience (Helpers/Volunteers are not required to complete this section)

Organization	Job Title/Role	From	To	Reason for Leaving

Special Training or Skills Obtained: _____

Availability (please indicate the time frame in which you will be available below)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8 AM – 12 PM)					
Afternoon (12 PM – 3 PM)					
Evening (3 PM – 6 PM)					

Earnings Payment/Direct Deposit (for paid Teachers and select paid Interns only)

Please indicate below how you would like to receive earnings/payments upon your employment with F.R.I.E.N.D.S.

- Check Direct Deposit (Direct Deposit Form will be provided to you by Director)

Classroom Selection please indicate your 1st, 2nd, 3rd, and 4th choice of which classroom you would like to work in below:

_____ 5-7 _____ 8-10 _____ 11-13 _____ 14 and Up

Please indicate the skills and experience you currently possess:

- organizational skills experience with children teaching skills
- public speaking event planning/fund raising customer service
- creativity curriculum writing grant writing
- foreign language: _____
- other: _____

What are your reasons for wanting to work with F.R.I.E.N.D.S.?

- academic credit to learn new skills for social interaction
- to gain employment skills to share my skills to stay active
- to support Autism Awareness other: _____

References (Helpers/Volunteers are not required to complete this section)

Please list two references of past or present employers.

We **CANNOT** accept family members or personal friends as references.

Reference Name	Organization/Business	Relationship	Phone Number

Have you ever been convicted of a felony? No Yes If yes, explain:

Do you have any medical conditions that may limit the type of tasks you can perform? If yes, explain:

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of teacher/volunteer/intern/helper opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a teacher/volunteer/intern/helper position and in interviews with F.R.I.E.N.D.S. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for this position. I understand that information contained on my application will be verified by F.R.I.E.N.D.S. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant with F.R.I.E.N.D.S. or my termination if I am selected to become a teacher/volunteer/intern/helper.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Applicant's Parent/Guardian Signature below (if Applicant is under the age of 18)

_____ Date _____

Applicant's Parent/Guardian Printed name _____

Waiver and Release of Liability, Indemnification, General Release and Hold Harmless Agreement

This waiver and release of liability, indemnification and hold harmless agreement is between the Teacher/Volunteer/Intern/Helper and F.R.I.E.N.D.S. and its directors, officers, members, employees, agents, assigns, legal representatives and successors. As a volunteer/intern, I hereby understand and agree to the following: I agree to WAIVE and RELEASE F.R.I.E.N.D.S. from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the volunteering/interning at or for F.R.I.E.N.D.S. and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of F.R.I.E.N.D.S. I agree to INDEMNIFY and HOLD HARMLESS F.R.I.E.N.D.S. for any costs or liabilities which they may incur as a result of my Teaching/Volunteering/Interning/Helping duties at or for F.R.I.E.N.D.S.

All participants, Teachers/Volunteers/Interns/Helpers give F.R.I.E.N.D.S. permission to license any media obtained during their visit or participation for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. That same media may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified. Furthermore all participants, visitors, and Teachers/Volunteers/Interns/Helpers acknowledge and agree they have no rights to the media, and all rights to same is property of F.R.I.E.N.D.S. and its assigns. All visitors, participants, Teachers/Volunteers/Interns/Helpers acknowledge and agree that they have no right to additional consideration or accounting, and will make no further claim for any reason to F.R.I.E.N.D.S. or assigns and acknowledge and agree that this accord is binding upon their heirs and assigns, is irrevocable, worldwide and perpetual.

I acknowledge and agree that I have carefully read this Agreement and fully understand them and that I freely and voluntarily execute same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my legal guardians, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the state of Georgia.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Applicant's Parent/Guardian Signature below (if Applicant is under the age of 18)

_____ Date _____

Applicant's Parent/Guardian Printed name _____