



## **Volunteer & Internship Application**

### **Personal Information**

All information provided is strictly confidential. We do not disclose information to other organizations or individuals.

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address (Street): \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
What is the best method to contact you?    \_\_\_ Home Phone    \_\_\_ Cell Phone    \_\_\_ Email    \_\_\_ Fax

### **In Case of Emergency**

Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_

### **Availability**

When are you available to Intern or volunteer? (Days & Times)  
Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Are you a student fulfilling a certain number of community service hours?    \_\_\_ Yes    \_\_\_ No  
School Name: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Number of Hours Needed: \_\_\_\_\_  
Completion Deadline: \_\_\_\_\_

### **Interests & Qualifications**

In which of the following areas are you interested in volunteering or have experience?

Admin/Clerical Support: \_\_\_\_\_ Computer/Technical: \_\_\_\_\_  
Event Planning: \_\_\_\_\_ Professional Skills: \_\_\_\_\_  
Event Registration/Setup: \_\_\_\_\_ (Legal, Medical, Business) \_\_\_\_\_  
Mailings: \_\_\_\_\_ Children's Activities: \_\_\_\_\_  
Farming/Agriculture: \_\_\_\_\_ Farmers' Markets/Coops: \_\_\_\_\_  
Foreign Languages: \_\_\_\_\_ Additional Skills: \_\_\_\_\_

## Releases & Waivers

**Photo Release:** By signing below I give the North-South Institute, Inc permission to use my (or my child/ward's) name, photograph and general, non-specific information about any project I/they are involved in or associated with.

NOTE: We will NOT include a home address or other personal contact information in any news release, blog, or other educational/outreach materials. I understand that this will be used only in educational and outreach materials - such as brochures, website, blogs reports, or news releases -- to help others understand how North-South Institute, Inc. operates. This information will NOT be used for any commercial, money-making purpose. I understand that by signing this consent form, I am waiving any privacy interests I (we) may have in relation to this information under the Privacy Act, 5 U.S.C. 552a, the Freedom of Information Act, 5 U.S.C. 552, and the Trade Secrets Act, 18 U.S.C. 1905.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Agreement:** In signing this waiver, I certify that I am willing participant with the North-South Institute, Inc. Volunteer program and its' associated activities. I agree to work according to the instructions I receive. I agree to behave in a responsible and ethical manner. I agree to perform only work that I feel comfortable doing and that I feel I can accomplish safely. I agree to only wear clothing and shoes that I believe will provide protection according to working conditions. I agree to communicate with the Institute staff if I am unsure of my job duties or feel I cannot perform them safely or effectively.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement & Assumption of Risk:** I recognize that the opportunity to participate in the North-South Institute, Inc. Volunteer program may involve physical labor and may carry risk of personal injury and I hereby agree to assume all risks which may be associated with my participation. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the North-South Institute and Batten's Farmers Market and their officers, directors, employees and agents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent:** I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parental Consent (Required for all volunteers 17 years of age or younger):** I, the undersigned, as the parent and/or legal guardian of the child named herein, do hereby agree to the above consent, waiver and release liability agreements and allow my child to participate as a volunteer for the North-South Institute, Inc.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Welcome to the North-South Institute Volunteer Family! Please return this application by fax (954-434-8221), email: [mcook@nsied.org](mailto:mcook@nsied.org), or mail it to our office located as follows:  
4548 N. Hiatus Road Sunrise, FL 33351.**