

Employment, Internship & Volunteer Application Packet

Please print clearly and fill out the application in its entirety

Employment

Internship

Volunteer

Name (first, middle and last) _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____

Please include area codes:

cell

home

work

Male () Female () Email address _____

Date of Birth _____

T-Shirt Size _____

Shirts are \$5.00 each

(Volunteers are required to wear our DoH t-shirt for most events)

Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

Why are you interested in volunteering with Discoveries of Hope Foundation? *(include a separate sheet if necessary)*

DOH USE ONLY			
Received _____	Contacted _____	Orientation _____	T-Shirt Money _____ Background Check _____

Please select the positions that best describes your area of interest (*you may select more than one*).
I would like to be considered for the following volunteer opportunities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-Event set-up | <input type="checkbox"/> Registration | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Transportation | <input type="checkbox"/> Host/Hostesses |
| <input type="checkbox"/> Post-Event Activities | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Sponsorships |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Guest Relations |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Gift Bags Donations | <input type="checkbox"/> Vendor Coordination |

Please list any languages that you speak, read and/or write fluently, in addition to English: _____

Have you volunteered for other organizations? ____Yes ____No (*If you checked yes, please explain below*)

Organization Name: _____

Describe volunteer dates and service below:

Organization Name: _____

Describe volunteer dates and service below:

Describe any work relevant work experience:

Do you have any hobbies or special talents?

What age group do you enjoy working with the most: *(you can circle more than one group)*

Infants (ages 0-1) Tots (ages 2-4) Youth (ages 6-12) Teens (ages 13-18) Adults (18 & older)

Please list 3 references who can attest to your character and work ethic:

Name	Relationship	Time known	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony? ___Yes ___No
- b) Any crime involving a sexual offense, an assault or the use of a weapon? ___Yes ___No
- c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ___Yes ___No
- d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ___Yes ___No

If you answered "Yes" to any of the above four items, please explain. _____

Discoveries of Hope has my permission to:

Please check below

- 1) Run a background check on me. ___Yes ___No
Please provide your social security number: _____
- 2) Contact the three (3) references I provided. ___Yes ___No
- 3) Provide a driver license and run a motor vehicle records check if I decide to operate a DoH vehicle or golf cart.
___Yes ___No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for DoH.

Signature Date

Release for Publication

Please initial below

During the course of the DoH experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation.

By initialing below, you may choose to grant or deny DoH permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Discoveries of Hope Foundation program.

By granting permission below, you hereby release and hold harmless DoH from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ *YES, I give permission to be photographed and/or videotaped for publication*
Initial

OR

_____ *NO, I do not give my permission to be photographed and/or videotaped for publication*
Initial

Permission to Participate & Release of Claims

To be completed by employees and volunteers

I, _____ (*sign your name*) hereby understand and agree to travel to the DoH events as a volunteer. I understand that I will travel by company van or drive my personal vehicle to DoH events. I understand that while at the event, depending on the venue, I may be asked to participate in physical activities including, but not limited to lifting, bending, carrying items, arranging displays, picking up equipment, etc. It is my responsibility to advise the DoH staff of my limitations to prevent any injury of harm.

In consideration of participation in DoH events I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against DoH and other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in DoH events, including, but not limited to, travel to or from the events and injuries which may be suffered before and/or during the event.

I understand that this waiver includes any claims based on negligence, action or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

Printed Name

Date

Physician Information

Please list your primary care physician only

Name

Phone Number

Work Address: _____

Medical Insurance

Please attach a copy of your insurance card to this application

Name of Company: _____ Phone #: _____

Name of Policy Holder: _____

Member ID: _____ Group #: _____ Phone number _____

Emergency Contact

First & Last Name

Relationship

Phone Number

Permission to Administer Treatment

Please sign and date below

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can engage in the DoH events and activities with exception to those noted on this form and agree to abide by any restrictions placed on me.

I hereby give permission to DoH on-site professional health staff to provide routine health care, administer prescribed medications (if necessary), and seek emergency medical treatment.

I agree to the release of any records necessary for insurance purposes. I give permission to DoH to arrange necessary health-related transportation for me. If necessary, a copy of this completed form may be used for any off-site travel and/or events that I may participate in.

Signature

Date

Once your application is completed, please forward it by clicking the submit button on this application or mail/fax to:

Discoveries of Hope Foundation, Inc.
2202 S. Figueroa Street, Suite 642, Los Angeles, CA 90007
Office: 213-261-5344 Fax: 866-647-9696

Discoveries of Hope Foundation, Inc., is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.