



The Center for People of All Races

A voice and a hub for the Latino community
as we advocate on behalf of our people
and work to achieve social justice.

Volunteer Internship Application

Basic Information

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone (home): _____ (cell): _____

Email address: _____

Occupation: _____ Employer: _____

Race/Ethnicity (optional): _____

Will you be receiving credit for this internship? _____ If yes, at what institution? _____

Number of hours needed? _____ By _____

Emergency Contact Information

Name: _____ Relation: _____

Address: _____

Telephone: _____

Which areas are you interested in volunteering? (Must be 18 years or older to volunteer with the After School Program and Food Bank.)

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Event Preparation (Cinco de Mayo, Dia de los Muertos etc) | <input type="checkbox"/> Homeownership Department |
| <input type="checkbox"/> Day of Event Help | <input type="checkbox"/> After School and Child Development Center |
| <input type="checkbox"/> Marketing and Community Outreach | <input type="checkbox"/> Senior Activities |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Kitchen |
| | <input type="checkbox"/> ESL/Citizenship Tutoring |

How many hours per week? _____

Are there any dates you will be gone? _____

Official Use Only

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Background check | <input type="checkbox"/> Entered in Database | <input type="checkbox"/> Tour and orientation | <input type="checkbox"/> Placed _____ |
| <input type="checkbox"/> Start Date _____ | <input type="checkbox"/> End Date _____ | | |

Availability (Please be as specific as possible in regard to the times you are available for interning.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-12							
12pm-6							

Please indicate which of the following **skills** you have so that we can better match you to a program.

- | | |
|---|--|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Computer Skills. What specifically? _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Multilingual If checked, which languages? _____ |
| <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Food Service. Are you licensed? _____ |
| <input type="checkbox"/> Carpentry/Construction | |
| <input type="checkbox"/> Other: Please specify: _____ | |

Do you have particular skills or project ideas that you would like to focus on for this internship? Please be detailed-attach another page if necessary.

What are your goals for this internship? Please be detailed-attach another page if necessary.

Are you interested in continuing to volunteer for El Centro after this internship? _____

Have you ever been convicted of a felony, sexually related crime or child abuse related offenses?

☐ Yes ☐ No

If yes, please describe the nature of the offense, the date, and jurisdiction where it occurred.

Please attach a cover letter and resume and any additional documents pertinent to the internship. Application needs to be submitted at least 4 weeks prior to start date.

**Please note that El Centro de la Raza routinely runs background checks with the Washington State Patrol on all volunteers prior to service but a criminal record does not automatically preclude you from serving as a volunteer.*

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL

Please e-mail your completed application to: volunteer@elcentrodelaraza.org or mail it to El Centro de la Raza, 2524 16th Ave. S, Seattle, WA 98144, 206.957.4602. You may also fax it to 206.329.0876.

El Centro de la Raza
ACCIDENT WAIVER AND RELEASE FROM LIABILITY
IMPORTANT-READ BEFORE SIGNING

In consideration of my application, and permitting me to volunteer; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me.

I acknowledge that participation in volunteer activities carries with it the potential for death, serious injury and property loss. The risks include but are not limited to weather, equipment, actions of other peoples, even/supervisors, organizers, and materials being handled. These risks are inherent within any given volunteer opportunity.

I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN VOLUNTEERING AT EL CENTRO DE LA RAZA AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of El Centro de la Raza.

I will indemnify and hold harmless any and all Releases from any and all liabilities or claims made by other individuals or entities as a result of my action or omissions during my term of volunteering for El Centro de la Raza. I consent to receive emergency medical treatment, which may be deemed necessary in the event of an injury or accident. This Accident Waiver and Release from Liability shall be constructed broadly to provide a release and waiver to the maximum extent under possible applicable law. It shall not be modified in any way. If any part of this Accident Waiver and Release from Liability is determined invalid by law, all other parts of this waiver shall remain valid and enforceable.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT. IF PARTICIPANT IS A MINOR I CERTIFY THAT I AM THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN AND EXECUTE THIS ACCIDENT WAIVER AND RELEASE FORM LIABILITY ON BEHALF OF PARTICIPANT.

Print Participant's Name_____

Print Parent or Guardian Name if Participant is a Minor_____

Signature_____

Date_____