



# Gateway Longview

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## INTERN/VOLUNTEER APPLICATION

Name (first/middle/last)	Date
Street Address	Preferred Phone Numbers (please indicate if home/cell/work)
City/State/Zip	
Occupation/Major	Employer/University
Street Address	Business Phone
City/State/Zip	
Date of Birth	Social Security #
<b>E-Mail Address:</b>	
Do you have a valid driver's license:      Yes    No	Has your driver license ever been suspended?      Yes    No
Driver's License #	State

## EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Home Phone:

## SKILLS AND INTERESTS

Special professional training:
Hobbies, interests, skills:
Community affiliations (Clubs, Service Organizations, etc.):
Previous volunteer experience (What? Where?):
Please asterisk(*) all experiences where you worked with children and indicate age range.
Do you have children in a Gateway-Longview program?      Yes    No
If yes, in what program?

Special Certification (i.e. CPR, Medical, etc.):

Have you ever been convicted of or plead guilty to any crime(s):            Yes    No  
If yes, describe each in full including disposition:

Have you ever been refused participation in any other youth programs?            Yes    No  
If yes, explain:

Have you ever been charged with child neglect or abuse?            Yes    No  
If yes, explain:

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)

Are there any conditions to be taken into consideration in arranging volunteer/intern assignments on your behalf (physical, transportation, etc.)?            Yes    No  
If yes, explain:

Who or what prompted you to volunteer/intern at GL?

**EDUCATION**

Former Education:

Majors/Certifications:

Current School/Major:

Expected Graduation Date:

REFERENCES

Please list three references, other than family members (volunteers under age 18 may use up to 1 family member):

Name:	Relationship:
Street Address:	Phone:
City/State/Zip:	E-Mail:
Name:	Relationship:
Street Address:	Phone:
City/State/Zip:	E-Mail:
Name:	Relationship:
Street Address:	Phone:
City/State/Zip:	E-Mail:

a. I understand that I am not an employee of Gateway-Longview, Inc., and that any duties that I perform are as a volunteer/intern. I agree to abide by the procedures set forth by the agency for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

\_\_\_\_\_ (please initial)

b. As a condition of volunteering, I give permission for Gateway-Longview, Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse, and criminal history records. I understand that, if appointed, my position is conditional upon the agency receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the agency, its officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Gateway-Longview is not obligated to appoint me to a volunteer position or internship. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension and removal for violation of agency principles. \_\_\_\_\_ (please initial)

Applicant Signature:	Applicant Name (please print or type):
Parent/Guardian (if under 18 years of age):	Relationship:

NOTE: Gateway-Longview, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

<p>Agency Use Only:</p> <p>Background check completed by _____</p> <p>on _____.</p> <p>System(s) used for background check (minimum of one must be checked):</p> <p>_____ Sex Offender Registry      _____ Criminal History Records      _____ Department of Motor Vehicles</p> <p>Only attach to this application copies of background check reports that reveal conviction of this applicant.</p>
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RELEASE and WAVER of LIABILITY REGARDING REQUEST for REFERENCE  
(PAST or PRESENT)

I, the undersigned, authorize Gateway-Longview Inc. to respond to requests of references concerning my volunteer/internship at Gateway-Longview and to provide whatever information or judgment(s) concerning my volunteer record or myself that Gateway-Longview deems appropriate at their sole discretion. I realize Gateway-Longview is not legally required to respond to job reference requests, but it is important to me that they do so. In consideration, I wave any claim or charge against Gateway-Longview and release Gateway-Longview and all of its officers and employees of any and all liability as a result of information or judgment(s) that are provided in response to any job reference request(s).

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Signature

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Print Name

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Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, the undersigned, do hereby authorize a review of all and full disclosure of all records concerning myself to Gateway-Longview, its agents and representatives whether records are public, private or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for volunteering. Any offer a volunteer position is contingent upon agency review of all report information.

I have read and fully understand the contents of this "Authorization of Release of Personal Information".

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Signature

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Print Name

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Date

**Gateway-Longview, Inc.**

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

I, the undersigned, understand that in my capacity as a volunteer for Gateway-Longview, Inc., I may have the opportunity to become aware of confidential information concerning the clients, staff, and operations of this organization.

I am aware that anything I learn or experience during my volunteer interaction which may be considered private, sensitive, or privileged information must be held in strict confidence. I agree that I will not share protected information, nor divulge identifying information regarding the clients, staff, or operations of Gateway-Longview, Inc. or related individuals or entities.

Failure to comply with confidentiality expectations may result in immediate termination of my volunteer relationship with Gateway-Longview, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PUBLICITY RELEASE FORM**

I, the undersigned, give permission for my photograph and/or quotations to be printed by Gateway-Longview, as part of the public relations/marketing/fundraising activities of the organization. Such publications may include newsletters, agency brochures, the annual report, a wall calendar, and our Internet web site. I understand that my photograph and/or remarks may be used in programs or articles depicting the programs and services of the agency.

I reserve the right to refuse to be photographed or quoted in any specific instance or situation.

I understand that if at any time I want to rescind this authorization, I must submit in writing, my withdrawal of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## PARTICIPATION

In which role will you be participating?

Masters-Level Internship (course credit) - University and Program: \_\_\_\_\_

Bachelors-Level Internship (course credit) - University and Program: \_\_\_\_\_

Volunteer (Long Term or Short Term?): \_\_\_\_\_

Where do you see the best fit for your time? (Please indicate order of preference.)

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting               | <input type="checkbox"/> Preventive Services           |
| <input type="checkbox"/> Behavioral Health Clinic | <input type="checkbox"/> Public Relations              |
| <input type="checkbox"/> Center for Youth         | <input type="checkbox"/> Residential Recreation        |
| <input type="checkbox"/> Development              | <input type="checkbox"/> Residential Education         |
| <input type="checkbox"/> Day School               | <input type="checkbox"/> Residential Treatment         |
| <input type="checkbox"/> Donor Relations          | <input type="checkbox"/> Special Events                |
| <input type="checkbox"/> Foster Care              | <input type="checkbox"/> Spiritual Life                |
| <input type="checkbox"/> General Office/Admin     | <input type="checkbox"/> Therapeutic Pre-School        |
| <input type="checkbox"/> Human Resources          | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Information Technology   |  |

## AVAILABILITY

Indicate the time frame you would volunteer each day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Required Total Hours (if applicable): \_\_\_\_\_

Requested Start and End Dates (indicated "no end date" if service is indefinite): \_\_\_\_\_

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. PLEASE SEND COMPLETED APPLICATIONS TO [COMMUNITY@GATEWAY-LONGVIEW.ORG](mailto:COMMUNITY@GATEWAY-LONGVIEW.ORG)**