

## Internship & Core Volunteer Application

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|  |  |      |
|  |  |      |

| Last Name   | First Name  |   | Date             |    |
|---|---|---|------------------|----|
| Primary Phone #   | Email   |   |                  |    |
| Street Address  | City  | State   | Zip Cod          | le |
| Pleas   | se answer the questions below   |   | Yes              | No |
| Are you at least age 18?  |   |   |                  |    |
| Are you at least 21 years old?  |   |   |                  |    |
| Have you ever interned, volunt  | eered, or worked for TPC or CAST befo   | ore?  |                  |    |
| Are you willing to get a Live S   | can, TB test and DMV record (\$40-75 to   | otal)?  |                  |    |
| Do you have access to reliable  | transportation?   |   |                  |    |
| applying, either with or withouthe ADA and FEHA and considencessary for eligible applican | ssential functions of the position for what reasonable accommodation? (Note: T<br>ders reasonable accommodation measults/employees to perform essential job fall examination and to passing skill and a | PC complies with<br>ires that may be<br>functions. Hire may |                  |    |
| Please mark each opportunity  | you would like to be considered for:  |   |                  |    |
| Program Internships:  | Development roles:  | Administrative s  | support roles:   |    |
| School Readiness  | $\square$ Marketing/Communications  | ☐ Accounting  |                  |    |
| Outreach & Engagement   | ☐ Grants  | ☐ Human Resou   | rces             |    |
|   | ☐ Special Events  | ☐ Program Adm   | in (Basic Needs) |    |

|                                  | Availabili                            | ty:                 |
|----------------------------------|---------------------------------------|---------------------|
| Day of the Week                  | Hours Available                       | Additional Comments |
| Monday                           |                                       |                     |
| Tuesday                          |                                       |                     |
| Wednesday                        |                                       |                     |
| Thursday                         |                                       |                     |
| Friday                           |                                       |                     |
| Academic School or College:      |                                       | City/State          |
| Major:                           |                                       | Minor:              |
| Year in School:                  | Expecto                               | ed Graduation Date: |
|                                  |                                       | ore volunteer?      |
| Previous intern/volunteer exp    | oerience:                             |                     |
|                                  |                                       |                     |
| Skills, talents and/or interests | s relevant to internship or volunteer | activities:         |
|                                  |                                       |                     |
|                                  |                                       |                     |
| Languages spoken:                |                                       |                     |

## **Professional References**

(Please List 3 Professional References not related to you who have recent knowledge of your skills, qualifications, and abilities).

| Name                           | Contact Relationship                             | Contact Phone Number & Email Address |
|--------------------------------|--|--------------------------------------|
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
| Valid California Driver's Lice | ense number, including expiration date:          |                                      |
| Has your license ever been s   | suspended or revoked? $\square$ Yes $\square$ No |                                      |
| f yes, please explain:         |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
|                                |  |                                      |
| Were you referred to our ag    | ency and this position by an employee            | of TPC or CAST? ☐ Yes ☐ No           |
| f so, the person that referre  | d me was   |                                      |

I hereby authorize TPC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records. I release and hold harmless TPC and its employees, as well as previous employers, and persons associated with them, from any and all claims relating to such investigation.

| Please | Initial |  |
|--------|---------|--|
|        |         |  |

|          | Applicant Statement  |
|----------|--|
| Initials | I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of fact may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered. I understand that I am required to abide by all rules and regulations of the employer.  |
| Initials | I hereby authorize TPC to conduct any necessary investigation regarding my background as it related to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.   |
| Initials | This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquir whether applications are being accepted at that time and must submit a new application.   |
| Initials | I understand that TPC may share the information contained in this application with other TPC employees for employment and administrative purposes and hereby consent to such transfer.   |
| Initials | I hereby understand and acknowledge that, nothing contained in this application, or conveyed, whether written or oral, during any interview which may be granted me, or during my employment if hired, is intended to create an employment contract between me and TPC. I further understand that if I am employed, my employment with TPC can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of TPC. I understand that only the Executive Director of TPC, and no manager, supervisor, or representative of TPC, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship described herein, and with respect to the Executive Director, any such agreement must be in writing. |
| Initials | I understand that, in the event that I am offered employment, such an offer would be conditioned on the provision of satisfactory proof of identity and authorization to work in the United States under federal law.  |

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between TPC and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between TPC and me on such issues.

| Signature of Applicant | Date |
|------------------------|------|

The Priority Center ("TPC") is an equal employment opportunity employer, and does not discriminate against applicants or employees based on race, color, religion, religious creed (including religious dress and grooming practices), sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin (including language use restrictions), ancestry, mental and physical disability (including HIV and AIDS), medical condition (including cancer, genetic characteristics, and genetic information), age (40 and over), pregnancy (including childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth, or breastfeeding), military and veteran status, or any other characteristic protected by federal, state, or local laws. TPC also prohibits harassment of applicants or employees based on any of these protected categories.