

# Student Ambassador Internship Application



## CONTACT INFORMATION

Name	
Street Address	
City, State, ZIP	
Home Phone	
Cell Phone	
E-mail address	

## AVAILABILITY

During which hours are you available for internship assignments? (Check all that apply)

Weekday mornings _____	Weekend mornings _____
Weekday afternoons _____	Weekend afternoons _____
Weekday evenings _____	Weekend evenings _____

To how many hours each month will you commit?

## INTERESTS

Which areas are you interested in helping? (Check all that apply)

### FRONT & CENTER

Events \_\_\_\_\_

Fundraising \_\_\_\_\_

Volunteer coordination \_\_\_\_\_

Sales \_\_\_\_\_

### BEHIND THE SCENES

Administration/ data entry \_\_\_\_\_

Online research/ report \_\_\_\_\_

Social Media \_\_\_\_\_

Video Production \_\_\_\_\_

Newsletter production \_\_\_\_\_

Fabric donation pick-up / sorting \_\_\_\_\_

Product assembly \_\_\_\_\_

### OTHER?

(Please indicate in what other way you wish to volunteer)

Summarize your previous volunteer or work experience and/or any special skills and qualifications you have acquired from school, previous volunteer work, employment, or through other activities, including academics, hobbies or sports. If you have a special talent or a fresh idea for volunteering, we are open to suggestions! (Use a separate sheet of paper if you need more space.)

# Student Ambassador Internship Application



Why are you interested in becoming Seeds to Sew Student Ambassador? What are your overall expectations? (Use a separate sheet of paper if you need more space.)

## EMERGENCY CONTACT INFORMATION

Name	
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## AGREEMENT AND SIGNATURE

By submitting this application, I commit to the Seeds to Sew Student Ambassador Program and agree to take initiative and support the activities that are assigned to me. I understand that if I am accepted as an Ambassador, I will be held accountable for fulfilling my responsibilities as a Seeds to Sew Student Ambassador. The information and representations provided above are true and complete. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless Seeds to Sew International, Inc., and their respective directors, officers, trustees, employees, volunteers, partners, and agents (collectively, the "Released Parties"), and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereinafter arise from or is in any way related to my volunteer activities with the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm and loss associated with the volunteer activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

PRINT NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

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## OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Due to the volume of applications, we will not respond to every application we receive. If we wish to contact you for an interview, you will hear from us by phone or e-mail.

## PARENT/ GUARDIAN CONSENT (if under the age of 18)

As the parent of the applicant above, I acknowledge that I have read the attached sheet outlining the Seeds to Sew Student Ambassador Internship program and I give my express consent for my daughter/ son's participation.

PRINT NAME:

SIGN:

DATE: