

Dare to Dream Young Girls Network, Inc. Internship/Volunteer Application

Name:
Address:
City, State, Zip Code:
Age: If a minor, parent's contact name:
Phone:
Email:
Emergency Contact (Name and Phone):
Organization/School/Business/Affiliation:
Are you willing to be contacted in times of short notice? YES or NO
Hours needed for (circle all that apply): School Court Ordered Work Related
Hours needed: Deadline to complete:
Days Available: M Tu W Th F S
Hours Available: M Tu W Th F S

Internship/Volunteer Agreement and Release from Liability

- 1. **Intern/Volunteer Participation:** I acknowledge that I have willingly applied to assist Dare to Dream Young Girls (DTDYG) with numerous administration and clerical needs. I understand as an intern/volunteer that I will not be compensated for my services, that I will not be protected by any medical or other insurance coverage provided by DTDYG, and that I will not be eligible for any workers compensation benefits.
- **2. Intern/Volunteer Policies:** I have and agree to abide by the rules as listed in the internship/volunteer policy form.
- **3. Release:** I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make an allegation against DTDYG, or either of their officers or directors



collectively or individually, or the provider of any resources that is used by the DTDYG, or any of the intern/volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my involvement here. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or impairment to my property, sustained in association with my participation in this organization.

4. Permission: I hereby give my approval to DTDYG to use my picture, likeness and name in written and verbal promotions, including but not limited to displays, website content, newsletters, brochures, fliers, and fundraising and special events.

Signature	Print name	Date
Witness	Print name	Date



Photo Release (for subjects over 18 years old)

I (please print)	, give Dare to Dream
Young Girls Inc., the absolute right and permission	
materials and publicity efforts. I understand that the	
print ad, direct-mail piece, electronic media (e.g. vi	
other form of promotion. I release Dare to Dream Y	
agents and designees from liability for any violatio	n of any personal or proprietary right I may
have in connection with such use.	
Signature	Date
Photo Release (for subject	ts under 18 years old)
I (parent's name, please print)	, give
Dare to Dream Young Girls Inc., the absolute right	and permission to use my [] son's []
daughter's photograph(s) in its promotional materia	± •
photograph(s) may be used in a publication, print a	1
video, CD-Rom, internet, World Wide Web), or oth	<u> </u>
Dream Young Girls Inc., their offices, employees, a	• •
violation of any personal or proprietary right I may	have in connection with such use.
Name of subject:	
Parent Signature:	Date:

If you have any questions about the manner in which these photographs will be used, please contact Ms. Kim Ferrell, the program director at Dare to Dream Young Girls Inc., at (850) 847-3875 or email at dream@daretodreamyoungirls.com.