



# TARRANT COUNTY STUDENT INTERN APPLICATION FORM

1. Name \_\_\_\_\_ Area of Study \_\_\_\_\_

2. Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

5. Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

6. In case of Emergency contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Bus.# \_\_\_\_\_ ext# \_\_\_\_\_

### ***AFFIDAVIT OF ACKNOWLEDGEMENT \*AUTHORIZATION\* RELEASE***

I, \_\_\_\_\_, being duly sworn, state that I understand; and I hereby acknowledge that my services will be voluntarily given and that I will not be paid for work performed. Acceptance of my application in no way constitutes an offer or guarantee of regular, temporary, or part time paid employment. Nor does it constitute an agreement to keep me for any specific time. I understand that volunteers/interns are "at will" and their services are subject to discontinuance by Tarrant County at any time. I agree to let my department know ahead of any scheduled volunteer time that I wish to discontinue my services. I also certify that all answers given by me on this application are true to the best of my knowledge. I authorize Tarrant County personnel to write or telephone my references whom I have listed on this application for the purpose of acquiring information from said references and I release Tarrant County and anyone releasing this information to Tarrant County from any liability based upon such release.

As a volunteer, I understand that Tarrant County does not provide volunteers with employee benefits, accident insurance, death benefits, compensation for lost time due to injury; nor does Tarrant County carry general liability insurance covering volunteers.

### ***AFFIDAVIT OF CONFIDENTIALITY***

I, \_\_\_\_\_, being duly sworn, state that I understand: I am being considered as a volunteer within a department of the Tarrant County Government. My continued presence as a volunteer is conditional on my preservation of the confidences of this department; and that the need for confidentiality does not end when I cease to be a volunteer. I swear that I will maintain the confidences of this department and that if I have any question as to whether information is confidential, I will check with the department before disclosing such information to anyone.

Signed: \_\_\_\_\_  
Volunteer's Signature

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Department Supervisor

Date: \_\_\_\_\_

***\*IMPORTANT\* - YOU MUST PROVIDE YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD FOR SECURITY CLEARANCE. NO EXCEPTIONS – PASSPORTS WILL NOT BE ACCEPTED***

Completed by Human Resources	Department _____
CLEARANCE GRANTED	Contact Person _____
CLEARANCE NOT GRANTED	Length of Term _____
Submitted by HR or Dist Atty	Chub Card # _____
Other: _____	
<b><i>FOR PARKING REGISTRATION:</i></b>	
CAR LICENSE PLATE _____	MAKE & MODEL OF CAR _____
	who issued card DA or HR