

Requisition For Interns or Volunteers

Cobb County

Department: _____ Dept #: _____ Unit #: _____

Work Location: _____ Assigned to: _____

Nature of Assignment: _____

Date Assignment Begins: _____ Duration of Assignment: _____

Volunteer: Unpaid Intern: Paid Intern*: Salary Amount (for paid intern only): _____

** Must be approved by County Manager*

Credit Check Required: Yes No

Criminal History Check Required: Yes No

Required to Drive a County Vehicle: Yes No

Physical Requirements:

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Regular Assigned Duties:

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Department Verifications: I have read the Intern and/or Volunteer Policy located on the CobbWeb and understand either myself or the manager designated will assume responsibility of supervising the intern/volunteer in performing the duties listed above. I have also reviewed and approved the requirements stated above.

Requesting Manager's Signature

Date

Department Manager

Date

County Manager (for paid interns only)

Date

Date Received: _____

Recruiter: _____

Date Filled: _____

Filled By: _____



Cobb County...Expect the Best!

ACKNOWLEDGEMENT & WAIVER OF COMPENSATION FOR PUBLIC VOLUNTEER/INTERN

Upon signing this release, I, _____, hereby volunteer/intern to perform service(s) for Cobb County Government, for civic, charitable, and/or humanitarian reasons.

As a volunteer/intern, I understand that my services are being offered on a volunteer basis without anticipation of financial remuneration from Cobb County Government. As such, I agree to perform services to the assigned governmental entity without promise, expectation or receipt of compensation for services rendered. I fully understand that volunteers are NOT considered to be County employees for any purpose, and that I am NOT entitled to any employee benefits.

I acknowledge that my performance or participation may involve a risk of accident, illness, or injury to me during my service. I acknowledge my understanding that I am not covered by Workers' Compensation or any other policy of insurances provided by the County in the event of accident, illness, or injury. I agree to indemnify and hold harmless Cobb County, Georgia, its agencies, departments, employees, agents, leaders, instructors, officials, representatives or other volunteers/interns from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, as a result of, or during, my participation in volunteer/intern services.

I hereby expressly assume the risk, and I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware and agree that this is a release of liability and a contract between me and Cobb County, Georgia, its agencies, departments, employees, agents, and other, and I sign this acknowledgement of my own free will.

I also understand that either the County or I may cancel this agreement at any time by notifying the other party in writing.

Signature of Volunteer/Intern
(or parent/guardian if volunteer/intern is under 18)

Date

Printed Name

Witness

Date

(PLEASE PRINT)

Department Name _____

(Please submit your FULL LEGAL NAME. NO initials are to be used unless you have an initial name only.)

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Maiden Name: _____

Other Names Used: _____

Current Address: _____
(Number, Street, Apt. #)

(City, State, Zip Code)

Other States of Residency: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Race: _____ Sex: M _____ F _____

Place of Birth: _____
(City, State, and Nation)

Driver's License Number: _____ State: _____

Exp. Date: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Other Driver's Licenses You Have Held:

(State)	(License Number)
_____	_____
_____	_____
_____	_____

SEDITION AND SUBVERSIVE ACTIVITIES QUESTIONNAIRE

Required by Georgia Laws No. 904, 1974 Session Page 411, codified by O.C.G.A. §16-11-13.

1. Department _____

2. Name _____
(Last Name) (First) (Middle)

Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise, aliases and nicknames. Specify which and show dates used.)

3. Address _____
(Street & No.) (City) (State) (Zip Code)

4. (a) Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the state of Georgia by force or violence?

Yes ___ No ___ If "Yes", state the name of the organization and your past and present membership status including any offices held therein.

(b) If the answer to (a) is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.

5. (a) Have you ever been convicted or are any charges now pending against you, by Federal, State or other law enforcing authority, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35 or less was imposed. (All other convictions must be included even if they were pardoned.))

Yes _____ No _____

(b) If the answer to (a) is "Yes", state the reason convicted, the date convicted, and the place where convicted.

6. Space for Continuing Answers or Explanations: (Show item number to which answers or explanations apply. Attach separate sheet(s) if more space is needed.)

I understand that I make the preceding statements under the penalties of false swearing.

(Signature and Date)



COBB COUNTY GOVERNMENT

Contact Information Form for Volunteers and Interns

General Information

Legal Name: _____

Address: _____

Telephone #: _____ Date of Birth: _____

Marital Status: Married _____ Single: _____

Emergency Contacts

1st Contact: _____

Address: _____

Telephone #: _____ Relationship: _____

2nd Contact: _____

Address: _____

Telephone #: _____ Relationship: _____

Signature

Date

Verified by: _____

Date Started: _____ Date Ended: _____ Department: _____