

If a volunteer, please state the qualifications and/or reasons you would like to volunteer.

Please provide two references (personal, professional, or educational) who can confirm that you are a good candidate for the volunteer or unpaid internship you are requesting.

Name	Relationship to you	Phone number email address	
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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I certify that all questions are correctly answered. I authorize the County to contact the references given. I further understand that completion of this form does not guarantee me a volunteer or unpaid internship with the County of Adams or obligate the County of Adams to any expectation of paid employment at any time.

Signature

Date

By signing below, I as the person responsible for this volunteer or unpaid intern attest that I have checked the above references and received positive responses. I also attest that the individual named within can be utilized as he/she is requesting in my department.

Signature

Title

Date

**If the volunteer/unpaid intern will need an email address please forward the necessary form to the IT department prior to the start date.