**UNDERGRADUATE INTERNSHIP PROGRAM**

**PRE-APPROVAL APPLICATION**

### VOLUNTEER INFORMATION

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<th>First Name</th>
<th>Middle Name</th>
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<tr>
<th>Area Code &amp; Phone Number</th>
<th>Email Address</th>
<th>Date of Birth</th>
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### VOLUNTEER DURATION

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<th>Begin Date</th>
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### DUTIES & RESPONSIBILITIES

What are the duties and responsibilities that this volunteer will perform? Please provide details and attach a resume. Attach a separate sheet if more space is needed.

Will the duties include any or all of the following?

- [ ] Providing for the care, safety and security of people (such as minors)
- [ ] Accessing detailed personally identifiable information about students, staff, or faculty
- [ ] Directly accessing or controlling cash, checks, credit card account information
- [ ] Possessing building master/sub-master keys
- [ ] Driving to, from, and/or during a program-or-university-sponsored activity/event
Supervisor Approval

Supervisor/Team Leader Printed Name

Supervisor Signature

Date

Program Director Approval

Program Director Printed Name

Program Director Signature

Date

CEP Director Review & Decision

Program Director Signature

Date

☐ Request Approved; Contingent on completion of Step 2 Requirements

☐ Request Denied - Reason:

CEP HR Section: Do Not Write Here

Was the form completed with the required information? ☐ Yes ☐ No

If not, the form was returned to requester on (date):

Completed form processed. Requester and program director notified on (date):

☐ Are the duties deemed sensitive? (If yes, CBC Clearance is required.) ☐ Yes ☐ No

CBC Clearance Previously Received: ☐ Yes ☐ No

If yes, CBC clearance date:

Driver Clearance Required: ☐ Yes ☐ No

Comments:
**UNDERGRADUATE INTERNSHIP PROGRAM**  
**VOLUNTEER REGISTRATION FORM**

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### STUDENT STATUS

- **Student Status:**
  - [ ] Undergraduate
  - [ ] Graduate
  - [ ] Non-Student

- **Name of School:**
  - [ ]

- **Is this volunteer work related to coursework?**
  - [ ] Yes
  - [ ] No

### STATEMENT OF AGREEMENT

_I understand that the above-described volunteer service will be uncompensated (except per diem, where applicable). I understand that either I or the University of California, Berkeley may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University of California, Berkeley. I understand that I am not an employee of the University of California, Berkeley._

### VOLUNTEER SIGNATURE

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<tr>
<th>Volunteer Printed Name</th>
<th>Volunteer Signature</th>
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# UNDERGRADUATE INTERNSHIP PROGRAM

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

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### WAIVER

In consideration of being permitted to participate in any way in the Undergraduate Internship Program, taking place on ___________ and continuing until ___________, hereinafter called “The Activity,” I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

### ASSUMPTION OF RISK AND INDEMNITY

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to **INDEMNIFY and HOLD The Regents of the University of California HARMLESS** from any and all claims, actions, suit, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understanding its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

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