



## **INTERN APPLICATION**

Please note; this application is for interns over the age of 18. If you are under the age of 18, please contact the Volunteer Services Department for further instruction.

Dear Potential Intern,

Thank you for your interest in an internship with Alternatives For Girls! Within the following pages you will find the paperwork necessary to apply for an internship. This paperwork includes:

- ✓ Basic Two Page Application
- ✓ Department Preference List
- ✓ Hours of Availability and Supervision/Internship Requirements
- ✓ Three reference forms (Please have the attached forms completed by your references.)
- ✓ Confidentiality Agreement
- ✓ Authorization and Release for AFG to obtain your criminal history report
- ✓ Authorization and Release for AFG to obtain your motor vehicle report
- ✓ Driver's pledge (Depending on your volunteer placement, you may be required to be an eligible driver. Please contact the Volunteer Department if you have any questions.)
- ✓ Vehicle usage form
- ✓ Central Registry Clearance Form (Please take or mail this form to your local DHS; Department of Human Services; office. If you have had one in the last three months, a copy is acceptable.) This is to verify that you don't have any child abuse or child neglect charges against you.
- ✓ A TB Test is also required. A voucher is available for you (upon request) if you do not have documentation of having been tested within the last year.
- ✓ List of Orientation Dates

All applications must be submitted at least 45 days prior to the potential internship start date, with the exception of fall semesters, which has a deadline of August 1. Applications will be accepted for review after the respective deadlines, however, priority will be given to students who apply before the deadline dates.

The TB Test is not required for submission by the deadline date. This will be requested upon acceptance of the internship. Please do not hesitate to contact our Volunteer Office for a more thorough explanation if something is not clear.

Paperwork can be submitted via email, fax, US Postal Service or by dropping them off to our front desk and requesting they be placed in the Volunteer Office mailbox.

Sincerely,

*Jessica Rae Pate*

Volunteer Services Manager  
Alternatives For Girls  
903 West Grand Blvd.  
Detroit, MI 48208  
Phone: (313) 361-4000 x248  
Fax: (313) 361-8938  
[volunteering@alternativesforgirls.org](mailto:volunteering@alternativesforgirls.org)

## Application Checklist

### **Deadlines:**

All applications are due a minimum of 45 days prior to the desired start date, with the exception of fall, where the deadline is August 1. Applications will be accepted beyond the deadline date, but priority applications will be those that meet the respective deadlines. Once reviewed, students will be notified of their internship acceptance.

**Please note:** Applying for an internship does not guarantee placement.

Please assure all items are included before submitting entire internship packet.

- Internship Application
- Resume
- Department Preference List
- Hours of Availability/Supervision and Internship Requirements
- Three Reference Forms
- Criminal History Report Authorization
- Motor Vehicle Report Authorization
- Central Registry Clearance

*The items listed below are not required for submission by the application deadline but can be included. However, they will be required prior to internship start date.*

- TB Test

## Department Internship Preference

(Please rate only three top interests using 1 as the highest interest and 3 for least interested. You can still select even if you are only available for some of the days listed and not all the days. However, be sure to indicate your availability on the next page.)

### Administration

\_\_\_ This is a non-direct service opportunity, assisting with coordinating resources and services while developing projects behind the scenes. **Schedule varies, but daytime hours are available.**

### Child Development Time

\_\_\_ Work with children ages 0-5 years old doing age appropriate activities, including reading and arts and crafts to develop their motor skills. **Hours: M 10-12 a.m., 3-5 p.m.; W 11-1 p.m., 6-8 p.m.**

### Outreach and Educational Services

\_\_\_ AFG's Outreach Program helps teens and women engaged in high-risk activities, such as street-based prostitution, drug use, and gang involvement, understand the risks and transition to safe choices and healthy lives.

Outreach's programs include:

- *Peer Education*, a youth leadership program that trains at-risk youth to reach out to other at-risk youth in the community. The teams focus on topics such as healthy relationships, HIV, homelessness, internet bullying, and making positive choices. **Hours: T-Th 5-8 p.m.**
- *Safe Choices Project*, a program that reaches out to girls and women involved in sex work to provide them with harm-reduction tools. New Choices, a component of Safe Choices, works with girls and women who want to exit sex trafficking and provides them with the skills they need to lead fulfilling lives. **Hours: M, T 11 a.m. – 3 p.m.; W, Th 6-10p**

### Prevention

\_\_\_ Prevention serves girls ages 4-18 who are at risk of pregnancy, gang involvement, substance abuse and school truancy.

Prevention's programs include:

- *After-school programs* for at-risk young women in elementary through high school **Hours: T-Th, 1 p.m. – 7 p.m.**
- *Rise N' Shine*, a fun educational summer camp for at-risk girls in southwest Detroit **Hours: M-F 9 a.m. – 3 p.m.**

### Resource Center

\_\_\_ Alternatives For Girls provides services for walk-in clients. Any member of the community in crisis may walk in to discuss their needs in private. Assist with determining whether the person is eligible for AFG services and/or make referrals to other organizations based on that person's needs. **Hours: Daily 9 a.m. – 9 p.m. (Shifts are in 4 hour increments: 9 a.m. – 1 p.m.; 1 p.m. – 5 p.m.; 5 p.m. – 9 p.m.)**

### Shelter

\_\_\_ AFG's Shelter Program provides a stable home, counseling, and life skills training to homeless young women aged 15-21 and their children. The goal is to empower them to lead productive and fulfilling lives. AFG's Shelter can house up to 30 young women and their children. In addition to providing homeless young women with a safe and stable place to stay, AFG also provides life skills classes, counseling and case planning services to those we serve—all with the goal of giving them the tools they need to lead fulfilling and independent lives. **Hours (for all programs listed below): W 5 p.m. – 8 p.m.; W 1 p.m. – 8 p.m.; Th 5 p.m. – 8 p.m.; Sat/Sun varies**

Shelter programs include:

- *Stepping Stones*, is designed for homeless and runaway young women ages 15-17 with the goal of family reunification
- *Emergency Shelter*, a program for homeless young women ages 15-21 and their children, with the goal of providing a short-term safe and stable environment until they can get back on their feet
- *Transition to Independent Living*, provides homeless young women with long-term shelter and life skills classes, case planning services, and counseling, with the goal of providing young women with the tools they need to be self-sufficient
- *Aftercare*, which provides continuing support to young women ages 15-21 that have moved out of our shelter as well as to youth who are homeless or are at risk of becoming homeless in the community

## Alternatives For Girls' Internship Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Can you be contacted at work? Yes \_\_\_ No \_\_\_

Emergency Contact & Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any relatives that are current AFG employees or members of the AFG Board of Directors? If yes, please provide their name. \_\_\_\_\_

AFG conducts Criminal Background checks. Have you been convicted of a crime (anything other than a minor traffic violation) within the last ten years? \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

\*\*Do you plan to drive for AFG? \_\_\_\_\_ If yes, do you chose to drive your personal vehicle? \_\_\_\_\_

\*\*If you are applying for an internship with Alternatives For Girls, or if you are applying to volunteer with our Street Outreach Program, you are required to become an eligible driver. This involves; signing the necessary paperwork included in this packet, and passing a driving background check. As an eligible driver, you are not necessarily required to drive your own vehicle.

Race/Ethnicity \_\_\_\_\_ (for background checks only)

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## Experience

(PLEASE COMPLETE THIS SECTION AND STILL ATTACH A RESUME)

Current Job and/or School \_\_\_\_\_

\*\*If you are currently a student, please include the type of degree you are seeking.

Education/Special Training \_\_\_\_\_

Volunteering \_\_\_\_\_

Please list the languages you speak or read or write (Including English)

Hobbies/ Special Interests \_\_\_\_\_

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## Agency Information

How did you find out about Alternatives For Girls (Please be as specific as possible)? \_\_\_\_\_

What personal, professional, experiential, or other skills and/or resources would you offer to AFG as an Intern?

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\_\_\_\_\_  
\_\_\_\_\_

What do you expect from your internship experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been involved with an organization that serves girls and/or young women? If yes, in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

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**References**

Please list the three references that you will give the reference forms to.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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I understand that I need to meet with and attend New Intern Orientation training with the Volunteer Services Manager before I begin my internship or volunteer service. I also understand that I must comply with all of Alternatives For Girls' requirements prior to and during my internship.

I authorize Alternatives For Girls to investigate all of the statements in this application and authorize any person or entity named in the application to fully explain the circumstances of my statements. I understand that misrepresentation or omission of facts called for is cause for removal from the volunteer program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only:**

This volunteer/intern has completed all necessary paperwork and all clearances are in order. S/he is free to serve in the following departments:  
Prevention\_\_\_\_ OES\_\_\_\_ Shelter/TIL\_\_\_\_ Administration\_\_\_\_ Support Ops\_\_\_\_ Development\_\_\_\_  
Other\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hours of Availability**

*Please note: The hours you are available to complete your internship will contribute to your acceptance and assignment placement. Should your hours change after acceptance, it may affect your assignment placement and/or acceptance award.*

- ◇ Monday \_\_\_\_\_
- ◇ Tuesday \_\_\_\_\_
- ◇ Wednesday \_\_\_\_\_
- ◇ Thursday \_\_\_\_\_
- ◇ Friday \_\_\_\_\_
- ◇ Saturday \_\_\_\_\_
- ◇ Sunday \_\_\_\_\_

Goal(s):

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**Please complete below only if you are applying for an internship.**

School: \_\_\_\_\_ Degree being sought: \_\_\_\_\_

Major: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Supervision requirements: LMSW\_\_\_\_ LPC\_\_\_\_ Other:\_\_\_\_Unknown\_\_\_\_Not Applicable: \_\_\_\_\_

Hours of internship required weekly: \_\_\_\_\_ Total hours required: \_\_\_\_\_

**Other Guidelines or Comments: (Please provide a copy of supervision/internship requirements from the school, if you are completing it for college credit.)**

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## INTERN REFERENCE FORM

Intern Name: \_\_\_\_\_

1. What is your relationship to the applicant?  
Employer \_\_\_\_\_ Pastor/Minister \_\_\_\_\_ Professor \_\_\_\_\_  
Supervisor \_\_\_\_\_ Colleague \_\_\_\_\_ Other \_\_\_\_\_
  
2. How long have you known the applicant? \_\_\_\_\_
  
3. How would you rate the applicant in terms of his/her listening skills? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
4. How would you rate the applicant's ability to verbally express thoughts and feelings? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
5. How would you rate the applicant's ability to give and receive feedback? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
6. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
7. How would you describe the applicant's dependability and reliability?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings?  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?  
\_\_\_\_\_  
\_\_\_\_\_

\*\* All responses are confidential and will be kept in a secure location. \*\*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Please address to: Jessica Pate, Volunteer Services Manager  
Alternatives For Girls  
903 W. Grand Blvd.  
Detroit, MI 48208  
(313) 361-8938  
volunteering@alternativesforgirls.org

## INTERN REFERENCE FORM

Intern Name: \_\_\_\_\_

1. What is your relationship to the applicant?  
Employer \_\_\_\_\_ Pastor/Minister \_\_\_\_\_ Professor \_\_\_\_\_  
Supervisor \_\_\_\_\_ Colleague \_\_\_\_\_ Other \_\_\_\_\_
  
2. How long have you known the applicant? \_\_\_\_\_
  
3. How would you rate the applicant in terms of his/her listening skills? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
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1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
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1 – Poor    2 – O.K.    3 – Above Average  
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\_\_\_\_\_
  
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1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
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\_\_\_\_\_
  
8. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings?  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?  
\_\_\_\_\_  
\_\_\_\_\_

\*\* All responses are confidential and will be kept in a secure location. \*\*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Please address to: Jessica Pate, Volunteer Services Manager  
Alternatives For Girls  
903 W. Grand. Blvd.  
Detroit, MI 48208  
(313) 361-8938  
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## INTERN REFERENCE FORM

Intern Name: \_\_\_\_\_

1. What is your relationship to the applicant?  
Employer \_\_\_\_\_ Pastor/Minister \_\_\_\_\_ Professor \_\_\_\_\_  
Supervisor \_\_\_\_\_ Colleague \_\_\_\_\_ Other \_\_\_\_\_
  
2. How long have you known the applicant? \_\_\_\_\_
  
3. How would you rate the applicant in terms of his/her listening skills? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
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1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
5. How would you rate the applicant's ability to give and receive feedback? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
6. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems? (Circle one)  
1 – Poor    2 – O.K.    3 – Above Average  
Comments: \_\_\_\_\_  
\_\_\_\_\_
  
7. How would you describe the applicant's dependability and reliability?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings?  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?  
\_\_\_\_\_  
\_\_\_\_\_

\*\* All responses are confidential and will be kept in a secure location. \*\*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Please address to: Jessica Pate, Volunteer Services Manager  
Alternatives For Girls  
903 W. Grand. Blvd.  
Detroit, MI 48208  
(313) 361-8938  
volunteering@alternativesforgirls.org



## AGREEMENT OF CONFIDENTIALITY

I, \_\_\_\_\_, as a volunteer at Alternatives For Girls, agree to observe the following rules and regulations for the duration of my volunteer work at Alternatives For Girls and after I have ended my association as a volunteer:

1. No information regarding specific participants, i.e. names, addresses, etc., is to be divulged by me at any time for any reason except where required by policy and only under the directive of my supervisor.
2. No information that could result in the misuse of the Alternatives For Girls program is to be divulged by me at any time for any reason.

I acknowledge that I understand and agree to follow the above rules and regulations.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Services Manager

\_\_\_\_\_  
Date



## Authorization and Release to Obtain Information Criminal History Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Alternatives for Girls (AFG) to obtain a criminal history report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as AFG from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any criminal history report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize AFG to obtain a criminal history report as set forth above, as part of its investigation of my volunteer application. This authorization is valid as long as I am a volunteer or volunteer candidate. This authorization shall remain in effect over the course of my volunteer service. Reports may be ordered periodically during the course of my volunteer service by AFG.

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Have you ever been convicted of any crime? If yes, please explain. \_\_\_\_\_

Full Name of Volunteer Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please check (√) all that apply:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Have you lived outside of the State of Michigan in the past 3 years (check one): Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been a resident of the State of Michigan for the past 3 years (check one): Yes \_\_\_\_\_ No \_\_\_\_\_

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***I consent for the Michigan Department of State Police to conduct a criminal history check regarding me under Public Health Code Section 20173, and I agree to provide to AFG identification acceptable to the Michigan Department of State Police.***

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Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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



## Authorization and Release to Obtain Information Motor Vehicle Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Alternatives for Girls (AFG) to obtain a motor vehicle report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as AFG from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any motor vehicle report from the consumer reporting agency that compiled the report, after I have provided proper identification.

The driving policy of AFG has been explained to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I hereby authorize AFG to obtain a motor vehicle report as set forth above, as part of its investigation of my volunteer application. This authorization is valid as long as I am a volunteer or volunteer candidate. This authorization shall remain in effect over the course of my volunteer service. Reports may be ordered periodically during the course of my volunteer service by AFG and/or Brownrigg Companies LTD.

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Name of Volunteer Applicant: \_\_\_\_\_  
(As it appears on the driver's license)  
Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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***The motor vehicle report may be procured by Insurance Information Exchange, a division of AMS Services, Inc. and Brownrigg Companies LTD and may include my driving record, and assessment of my insurability under the Company's insurance coverage or other consumer reports.***

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Print Name of Applicant: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_



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## **Internship Driving Acknowledgement Form**

**Please complete one of the following statements below.**

I, \_\_\_\_\_, am eligible to drive as part of my internship at Alternatives For Girls. Driving on agency business is defined as conducting ANY business for the agency, whether I am using my own car or an agency vehicle. This includes, but is not limited to the following activities conducted during my internship hours: pick up/drop off a client, street outreach, a quick run to the store, dropping off a package, delivering mail, etc. My university/college/educational program, \_\_\_\_\_, does not restrict student interns from driving. I will adhere to all program guidelines and policies and procedures set by my school. I am responsible for completing all driving paperwork and providing a copy of my car insurance, registration, and driver's license to the Volunteer Services Manager prior to the start of my internship.

**OR**

I, \_\_\_\_\_, am ineligible to drive as part of my internship at Alternatives For Girls. My university/college/educational program, \_\_\_\_\_, restricts student interns from driving.

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

**When possible, please provide documentation from your university/college/educational program regarding their policy on student drivers.**



## Alternatives For Girls

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***Alternatives For Girls (AFG), a non-profit organization, helps homeless and high-risk girls and young women avoid violence, teen pregnancy and exploitation, and helps them to explore and access the support, resources and opportunities necessary to be safe, to grow strong and to make positive choices for their lives.***

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### Driver Pledge

I, \_\_\_\_\_, am committed to safety. With the understanding that driving is a privilege, not a right, I agree to the following:

1. to comply with all driving laws and regulations, including seat belt, infant and child seating regulations, and all safety regulations;
2. to comply with all organizational policies and procedures and any direction offered by my supervisor and AFG leadership;
3. to immediately notify my supervisor (or designee) of any physical conditions, vehicle defects, and road conditions that might affect safety;
4. to immediately notify my supervisor (or designee) of any traffic citations received, even if given while driving on my personal time;
5. if involved in an accident, to use the designated reporting forms and to cooperate with the police, the insurer, its insurance adjusters and attorneys; and
6. to ensure that if I drive a personal vehicle on behalf of the organization, adequate insurance will always be in force.

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

*All statements become part of any future volunteer/intern/staff files.*

## AFG Personal Vehicle Usage

Alternatives For Girls (AFG) may require that an employee or volunteer operate his or her own personal vehicle on behalf of AFG. It is extremely important that every driver exercise good judgment and safe driving techniques, and drive properly maintained vehicles to ensure that the employee(s) or volunteer(s), passenger(s), and AFG are not unduly exposed to injury or liability from the use of vehicles. Before using a personal (non-AFG owned) vehicle on Alternatives For Girls' behalf for agency business, including but not limited to educational seminars, classes, errands, passenger or cargo pickup or delivery, etc., an employee or volunteer must submit proof of personal auto insurance and a current copy of the motor vehicle registration (MVR) and driving license to the Human Resources representative of AFG.

Employees and volunteers are responsible for damage to their own vehicles and should be aware that their insurance will be primary when they use their own vehicles on AFG business.

AFG is not responsible for injury or accidents for travel to or from work or a volunteer assignment. AFG is not responsible for collisions or vandalism to an employee's or volunteer's vehicle in any parking area where AFG provides parking space for employees or volunteers.

Please sign one of the following statements. Contact AFG if you have any questions.

### Driver Authorization Request

*Request for Authorization to Drive Personal Vehicle on Agency Business*

In compliance with the above policy, I request permission to drive on agency business of Alternatives For Girls under the conditions indicated below:

*I request authorization to drive my own vehicle on agency business. I am submitting a photocopy of the face page or proof of coverage of my automobile insurance, a current copy of my motor vehicle registration (MVR) and driving license along with this request. If I receive authorization to drive my own vehicle on behalf of (organization), I agree to never to drive on behalf of AFG if the above mentioned insurance coverage, MVR, and driving license is not valid and on my person. I realize that I am solely responsible for any damage to my vehicle or to other person(s) or property while I am operating my vehicle on agency business and that my own insurance will be primary. I agree to periodic driving record checks as deemed necessary by Alternatives For Girls or its insurance company.*

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

### Prohibited From Driving Form

*Acknowledgement that I May Not Drive Personal Vehicle on Agency Business*

At this time, my position at AFG does not require me to use my vehicle on agency business. I understand that before using my vehicle on behalf of AFG I must comply with the driving policies and practices, sign a Driver Authorization Request, and submit all required documents.

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