



# SAS Peer Ambassador Application

**Position:** As a Peer Ambassador with Survivor Advocacy Service of Cal Poly Pomona, interns will have the opportunity to work with large-scale programming/events, education, advocacy, and operational needs. Please fill, read, and sign the rest of the application; then, submit it to the Survivor Advocate for approval.

Email: [survivoradvocacy@cpp.edu](mailto:survivoradvocacy@cpp.edu)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**University Email:** \_\_\_\_\_@cpp.edu

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Birth Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Bronco ID Number:** \_\_\_\_\_

**Class Standing (Circle One):**  First-Year  Sophomore  Junior  Senior

**Expected Graduation Date:** Term \_\_\_\_\_ Year \_\_\_\_\_

**Major(s):** \_\_\_\_\_

**Units Currently Enrolled:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_

**Currently Working:** \_\_\_\_\_ **If yes, how many hours a week:** \_\_\_\_\_

**Academic/Extracurricular Involvement (clubs, organizations, honors societies, etc.):**

---

---

---

**Career Goals & Aspirations:**

---

---

**Why Intern with Survivor Advocacy Services:**

---

---

---

---



## Confidentiality Agreement for Interns

Due to your access to confidential information, all students enrolled in SAS internships must sign this agreement. “Confidential information” means any information of a secret or confidential nature relating to the internship workplace.

Confidential information may include, but is not limited to, any information regarding clients, their perpetrator(s), the advocate, the peer educators, and other interns.

In connection with being enrolled in a SAS internship, I agree to the following:

I have read and understand the above definition of “confidential information.” I agree that I will not at any time, both during and after my enrollment in a SAS internship, communicate or disclose confidential information to any person, corporation, or entity.

I further recognize and agree that while in a SAS internship, I may become aware of nonpublic information of a personal nature about clients, faculty and staff, including, without limitation, actions, omissions, statements, or personally identifiable medical, family, financial, social, behavioral, or other personal or private information. I will not disclose any such information that I learn in a SAS internship to any other person or entity, unless required by applicable law or legal process.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT  
TO PAY CLAIMS

Activity: Survivor Advocacy Services Internship

Activity Date(s) and Time(s): \_\_\_\_\_ (two terms  
minimum)

Activity Location(s): Cal Poly Pomona, The Village, & Various cities throughout Southern California

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, including claims of the University's and/or Auxiliaries' negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University and/or Auxiliaries harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I understand and agree that while participating in this activity, I remain subject to the rules, regulations, and policies of the activity and Cal Poly Pomona University, as stated in Title 5 of the California Code of Regulations, Section 41301, Standards for Student Conduct.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

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

