



**Date of Request:**

**Contact Name:**

**Company (Institution/University):**

**Main Address:**

**City:**                      **State:**                      **Zip Code:**

**Home #:**                      **Work #:**                      **Cell Phone #:**

**Email Address:**

### Reason(s) for Request (check all that applies)

- General Information
- Course/Class Requirement
- Collaboration/Partnership Interest
- Informational Interview
- Presentation Request
- Research Interest
- School Project
- Sponsorships, Donations
- Other: (please specify) \_\_\_\_\_

### Description of the Request

By answering the following questions, this helps us to understand the nature of your request. Please briefly respond to each of the following questions:

1. Please provide a brief synopsis of your request:
2. What do you know about HAP?
3. Why are you interested in HAP?
4. What goals, if any, do you have in making this request?
5. What do you hope to gain from working, partnering, or learning from and about HAP?
6. Will this request require a face-to-face interview or meeting?  
 Yes     No     Maybe     Don't Know
7. How many hours and/or meetings do you anticipate this request will require of HAP's time?  
   # of Meetings:                      # of Hours:

## Programs/Services

Please check the programs and services you are interested in or need more information about (check all that applies):

### Employment Services

- MFIP Employment Services
- PREP Program (Employment readiness)

### Education Services

- ABE/GED Classes
- Hmong Youth Pride (Academic Tutoring)

### Family Supportive Services

- Girls Runaway Intervention and Prevention Project
- Digital Connectors
- Breast Cancer Awareness Project
- Project Green (Service Learning)
- YouthLEAD

### Housing Services

- Supportive Housing Assistance Program
- General Housing Services

### Economic Development Services

- Child Care Microenterprise
- Agriculture Programs

### General, Administrative

- Administrative, general background and history
- Other: (please specify) \_\_\_\_\_

## Time/Deadline of Request(s)

To help us determine whether we can assist you in a timely manner, please indicate the start date of this request and the last date information is needed.

Start Date:        /        /

End Date:         /         /

### **Waiver and Release of Liability**

In consideration of being allowed to obtain information while at Hmong American Partnership, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless Hmong American Partnership, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

### **Confidentiality Agreement**

I recognize that as a participant of Hmong American Partnership, a Minnesota non-profit organization, I may have access to confidential information concerning HAP, its guests, customers, agents, employees, volunteers or representatives. In consideration of status with HAP, I agree I will not at any time, during or after my time with HAP, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business of HAP, or to alienate guests, customers, agents, employees, volunteers or representatives from HAP or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from HAP prior to releasing such information.

### **Confirmation of Understanding:**

I understand that any misrepresentation of information on this application is cause for immediate termination of my volunteer or internship activity. Further, I understand and agree that my experience is on an at-will basis and may be terminated at any time and without previous notice.

Signature of Applicant:

Date:

### ***Internal Office Use Only***

Date Received:

Received by Mgr/Dir:

Mgr/Dir. Assigned: