Print Form

County of San Diego
Volunteer Application

A - PERSONAL INFORMATION

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Main/Home Phone: _____ **Alternate Phone:** _____

Email Address: _____

How did you hear about this program? ☐ Another Volunteer ☐ Family/Friends ☐ Coworker/Employer ☐ Internet / County website ☐ Other

B - EMERGENCY CONTACT

First Name: _____ **Last Name:** _____

Main/Home Phone: _____ **Alternate Phone:** _____

C - SKILLS & INTERESTS

What type of volunteer work are you interested in? ☐ Working with the Public ☐ Clerical Work ☐ Children's Services ☐ Other

If Other, please list: _____

List any of your special skills / training: _____

_____

Do you speak other languages? If yes, please indicate language and level of proficiency:

	Native Speaker		Able to Translate?	
Language: _____	☐ YES	☐ NO	☐ YES	☐ NO
Language: _____	☐ YES	☐ NO	☐ YES	☐ NO

D - EDUCATION

Highest Level Education: ☐ High School ☐ Less than High School Grad ☐ High School Grad or Equivalent ☐ Some College ☐ Technical School ☐ 2 Year College Degree ☐ Bachelor's Degree ☐ Some Graduate School ☐ Master's Degree ☐ Doctorate (Academic) ☐ Doctorate (Professional) ☐ Post Doctorate

E - EXPERIENCE

Do you have any previous volunteer experience? ☐ YES ☐ NO

If yes, please explain: _____

Current Employment Status: ☐ Employed - Full Time ☐ Employee - Part Time ☐ Self Employed ☐ Unemployed ☐ Retired

Current / Most Recent Employer: _____ **Length of Employment:** _____

Work Address: _____ **Phone:** _____

F - MATCHING INFORMATION

Locations of interest: ☐ San Diego (Central) ☐ Southeast SD ☐ Clairemont/Kearny Mesa ☐ Southbay ☐ North County ☐ North Inland

Approximate length of time you will volunteer: ☐ 1 - 3 months ☐ 3 - 6 months ☐ 6 or more months

Estimated time commitment during assignment: ☐ 1-16 hrs / week ☐ 17-24 hrs / week ☐ More than 24 hrs / week

When can you start? _____ **Indicate your hours of availability below (e.g. 8am - 5pm).**

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*

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G - REFERENCES

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

H - PARENT / GUARDIAN INFORMATION (REQIURED FOR APPLICANTS UNDER 18 YEARS OF AGE)

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Main/Home Phone: _____ **Email Address:** _____

Signature: _____ **Date:** _____

I - VOLUNTEER SIGNATURE

Signature: _____ **Date:** _____

Volunteers must be at least 14 years of age, unless participating as part of a service organization. In the interests of public health and safety, all County of San Diego volunteers are required to pass a background check and medical testing before they begin volunteering.