

# County of San Diego Volunteer Interest Form

The County of San Diego has many volunteer opportunities spanning across its departmental programs. If you need assistance finding a volunteer opportunity please fill out this form and a County team member will be able to assist you with an appropriate match.

## A - PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main/Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## B - EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Main/Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## C - INTERESTS & SKILLS

What type of volunteer work are you interested in?  Legal  Animals  Education  Administration  Children Services  
 Environment  Public Safety  Health and Human Services  Other\*

\*If Other, please list: \_\_\_\_\_

Please list department program name(s) of interest to you which can be found under ["Volunteer Opportunities"](#) at the following link:  
 \_\_\_\_\_

List any of your special skills / training: \_\_\_\_\_

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

Language: \_\_\_\_\_  
 Language: \_\_\_\_\_

Native Speaker		Able to Translate?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## D - EDUCATION

Highest Level Education:  High School  Specialized Training or Trade School  College or University  Post Graduate or Above  Other (specify): \_\_\_\_\_

## 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

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

**County of San Diego  
Volunteer Interest Form**

**G - PARENT / GUARDIAN INFORMATION (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE)**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main/Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I consent to my child's participation in the above-mentioned volunteer program.*

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

**H – APPLICANT'S SIGNATURE**

*I UNDERSTAND THAT ONCE I AM FORMALLY DESIGNATED AS A COUNTY OF SAN DIEGO VOLUNTEER, I AM SUBJECT TO ALL RULES AND REGULATIONS GOVERNING THE PROGRAM, AS SET FORTH BY THE COUNTY OF SAN DIEGO.*

*I CERTIFY THAT THE INFORMATION PROVIDED IN THIS VOLUNTEER INTEREST FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSE STATEMENTS OR ANSWERS WILL BE GROUNDS FOR DISQUALIFICATION.*

*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. DEPARTMENTS MAY REQUIRE AN ADDITIONAL APPLICATION FOR PLACEMENT.*

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

**I – SUBMISSION**

PLEASE SUBMIT THE SIGNED VOLUNTEER INTEREST FORM BY MAIL OR E-MAIL TO:

**Submit By Mail to:**

**Attn: Jacob Heinz**

Clerk of the Board of Supervisors  
1600 Pacific Highway, Room 335  
San Diego, CA 92101

**Submit by E-mail to:**

**Jacob Heinz**

Email: [SDVolunteer@sdcounty.ca.gov](mailto:SDVolunteer@sdcounty.ca.gov)

**For General Questions and Inquiries, Please Contact:**

**Jacob Heinz**

Phone: (619) 531-5700