

County of San Diego Long-Term Care Ombudsman 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:

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 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

**County of San Diego
Volunteer Application**

G - REFERENCES

Name: _____ Phone: _____

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

Name: _____ Phone: _____

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

H - PARENT / GUARDIAN INFORMATION (REQUIRED 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.