



COUNTY OF SAN DIEGO

VOLUNTEER SERVICES APPLICATION

NAME: _____
Last First Middle

ADDRESS: _____
Street, PO Box, Apt# City State Zip Code

PHONE: _____
Daytime phone Best time to reach you Home phone

PERSONAL: _____
Soc. Sec. # Birthday Driver's License # Expiration Date

REASON FOR VOLUNTEERING (Work experience, Personal growth, Academic credits, Other)

WHAT DO YOU LIKE TO DO? (Administrative, Clerical, Special projects, Inside or outside work)

PLEASE LIST PREVIOUS VOLUNTEER EXPERIENCE AND/OR TRAINING:

WHEN CAN YOU START: _____ DAYS OF WEEK AVAILABLE: _____

NO. OF HOURS AVAILABLE: _____ PREFERRED AREA(S) OF COUNTY:
 East Metro North South

DO YOUR HOURS NEED TO BE VERIFIED? Yes No REASON: _____

ARE YOU BILINGUAL? Yes No IF YES, WHAT LANGUAGE(S): _____

EDUCATION (List institution last attended, i.e., high school, trade school, university: If currently enrolled, at what level?)

Degree: _____ Date Graduated: _____ Major/Minor: _____

REFERRED BY: (Agency, Friend, Television, Radio, Other)

CURRENT EMPLOYER: _____ WORK PHONE: _____

OCCUPATION: _____

METHOD OF TRANSPORTATION: _____

PLEASE COMMENT ON YOUR HOBBIES, COMMUNITY ACTIVITIES, SKILLS, INTERESTS:



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PLEASE LIST THREE REFERENCES

1.) _____
Last First Phone

Address City State Zip Relationship

2.) _____
Last First Phone

Address City State Zip Relationship

3.) _____
Last First Phone

Address City State Zip Relationship

VOLUNTEER AGREEMENT

I agree to conform with the County of San Diego's rules and procedures to the best of my ability and agree to respect the confidential nature of information I may obtain so as long as I am a volunteer for the County of San Diego. I also agree to participate in orientation and training as required by my assignment. I understand that a law enforcement clearance will be obtained if required by assignment and that references will be contacted.

Note: There is a separate form to be completed authorizing a law enforcement background check.

Volunteer's Signature Date

EMERGENCY NOTIFICATION INFORMATION

Name Phone Relationship

Address City State Zip

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

To whom and where was the volunteer referred?

Date interviewed Date started Date terminated