

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 |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

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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: _____
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: Diana Lopez
Clerk of the Board of Supervisors
1600 Pacific Highway, Room 402
San Diego, CA 92101

Submit by E-mail to:

Diana Lopez
Email: diana.lopez@sdcounty.ca.gov

For General Questions and Inquiries, Please Contact:

Diana Lopez
Phone: (619) 531-4966