



# Stanislaus County Volunteer Program Application Form

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Position of Interest:		Date:
First Name:		Last Name:
Address:	City:	State, Zip Code:
E-Mail:	Cell Phone:	Home Phone:
Emergency Contact:		Phone:

### REFERENCES—Personal or professional

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

### VOLUNTEER GOALS —Contribute to the community, gain work experience, school credit, etc.

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### SUMMARIZE YOUR CURRENT WORK HISTORY

Current job title & employer:
Brief description of present duties:
Brief summary of employment history:

### RELEVANT EDUCATION

If enrolled, school now attending: <input type="checkbox"/> MJC <input type="checkbox"/> Stan State <input type="checkbox"/> Other:
Major: List any degrees previously earned:

### RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES

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TIMES AVAILABLE		
<u>Number of hours per week:</u>	<u>Check Days available:</u> (Morning) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S (Afternoon) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	<u>Availability:</u> (Please select one) <input type="checkbox"/> Ongoing <input type="checkbox"/> Short Term <input type="checkbox"/> 1 Semester <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only

**VOLUNTEER EXPERIENCE—Summarize your volunteer history, if applicable**

**AGE**

If the position for which you are applying requires a minimum age, please check one of the following:

- Under 14     14 – 17     18 – 20     21 or older

Are you **Fluent** in other languages?  Spanish  Other:

**TRANSPORTATION**

If the position for which you are applying requires driving, please answer the following questions:

Do you have a valid CA driver's license?  Yes  No    Do you have automobile insurance?  Yes  No

CA Driver's License #:                      Expiration date:

Have you been put on probation or has your driver's license been suspended or revoked within the last 5 years?

Yes  No    If yes, please explain:

**HOW DID YOU LEARN ABOUT THE VOLUNTEER PROGRAM?**

- Stanislaus County Volunteer Opportunities Website
- Volunteer Match
- County Volunteer
- CEO-Human Resources Division Website
- Posted Flyer
- School:
- Other:

I certify that the information provided on this application is truthful and that I have read the job posting/description for the position I have selected. I further certify that I am able to perform the necessary job functions and duties as outlined. I understand if for any reason I become unable to perform the functions of my volunteer position, I should advise my supervisor and discontinue my volunteer position. I further understand if I am unable to perform my job, I may contact the Department Volunteer Coordinator for possible placement in another volunteer position. I hereby authorize Stanislaus County to obtain a record of my criminal convictions from the California Department of Justice or any other agency that collects records of criminal convictions based upon the hours volunteered.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If Volunteer is a Minor)

\_\_\_\_\_  
Date

**Electronic submissions of volunteer applications require you to please type your name to acknowledge your acceptance of the above statement. Please submit your application to: <http://www.stancounty.com/volunteer/>**

**BACKGROUND CHECKS**

**Required for all Volunteer Opportunities in excess of 25 hours, but not one time Group Events**