



Stanislaus County Volunteer Program Application Form

Health Services Agency—Volunteer Services
830 Scenic Drive, Modesto, California 95350
(209) 558-7254 Fax: (209) 558-8050

Position of Interest:		Date:
First Name:		Last Name:
Address:	City:	State, Zip Code:
E-Mail:	Cell Phone:	Home Phone:
Social Security Number:	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.

SUMMARIZE YOUR CURRENT WORK HISTORY

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

RELEVANT EDUCATION

If enrolled, school now attending: MJC Stan State Other: Not attending school

Major: List any degrees previously earned:

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

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"/> School Year <input type="checkbox"/> 1 Semester <input type="checkbox"/> Short Term <input type="checkbox"/> School Year (less than 3 months)

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: _____ Not bilingual

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:

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

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a misdemeanor? 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 job. 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.

Signature of Volunteer Applicant

Date

Parent Signature (If Volunteer is a Minor)

Date

PLEASE SUBMIT YOUR APPLICATION TO THE DEPARTMENT VOLUNTEER COORDINATOR