



Stanislaus County Volunteer Program Application Form

Health Services Agency—Human Resources
830 Scenic Drive Modesto, California 95350
(209) 558-7180 Fax: (209) 558-5026 E-mail: HSAVolunteers@schsa.org

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.

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: MJC Stan State Other:
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"/> 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 THE SPECIFIC DEPARTMENT VOLUNTEER COORDINATOR LISTED AT THE COUNTY WEBSITE

<http://www.stancounty.com/volunteer/>

BACKGROUND CHECKS

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