



# Stanislaus County Volunteer Program Application Form

Health Services Agency—Human Relations

917 Oakdale Rd., Modesto, CA 95355

Phone: (209) 558-7180 Fax: (209) 558-5026 Email: 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.

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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"/> Modesto Junior College	<input type="checkbox"/> California State University Stanislaus	<input type="checkbox"/> Other:
Major:	List any degrees previously		

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

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**TIMES AVAILABLE**Number of hours per week:Check Days available:

(Morning)

☐S ☐M ☐T ☐W ☐TH ☐F ☐S

(Afternoon)

☐S ☐M ☐T ☐W ☐TH ☐F ☐SAvailability: (Please select one)☐ Ongoing ☐ Short Term☐ 1 Semester ☐ School Year☐ 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 olderAre 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☐ 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**