



COUNTY OF EL DORADO VOLUNTEER APPLICATION

Complete the application in its entirety and return it to the department in which you are interested in volunteering.

Applicant Information (PLEASE PRINT):

Applicant Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		
Driver's License <i>(Select One)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide your Driver's License Number:

Parent/Guardian Information – for applicants under the age of 18 (PLEASE PRINT):

Parent/Guardian Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		

Please provide the times you are available to volunteer each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



**COUNTY OF EL DORADO
VOLUNTEER APPLICATION**

Desired Volunteer Assignment:

--

Current/Past Employer or Volunteer Experience

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: <i>(Include area code)</i>	

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: <i>(Include area code)</i>	

Do you have any health limitations that may restrict your performance of assigned duties? (Select One) YES NO

If yes, please provide the specific limitations:

--



**COUNTY OF EL DORADO
VOLUNTEER APPLICATION**

Reference #1

Name	Title/Relationship
Address	
Phone Number	Email Address

Reference #2

Name	Title/Relationship
Address	
Phone Number	Email Address

Certification:

By signing below, I certify that, to the best of my knowledge, the information contained in this application is true and correct.

(Applicant Signature) **(Date)**

If under 18 years of age, signature of a parent/guardian is required.

(Parent/Legal Guardian Signature) **(Date)**

Note: Completion of this application does not guarantee acceptance to the program.

