

## Mendocino County Volunteer Program Application

Program Administered by Human Resources 501 Low Gap Road, Room 1326, Ukiah, CA 95482 Phone: (707)234-6600 Fax: (707) 468-3407 <u>hr@mendocinocounty.gov</u>

Department(s) of Interest:		Date:	
First Name:		Last Name:	
Address:	City:		State, Zip Code:
E-Mail:	Cell Phone:		Home Phone:
Emergency Contact:	Phone:		
Are you 18 years of age or older? Yes No		May we have permission to take and use photos/digital images of you for use in promotional material?	
What language(s), other than English, do you speak fluently?		What language(s) other than English, do you read and write fluently?	
How did you hear about the Volunteer Program?			
County Website County Employee County Volunteer Department Other:			
REFERENCES—Personal and/or professional			
me: Phone:			Relationship:
Name: Phone:			Relationship:
DAYS AND TIMES AVAILABLE			
□s	Days available: (Select all that apply)   Morning   S M T W TH F S   Afternoon   S M T W TH F S		<u>railability</u> : (Please select one) ] Ongoing Short-Term ] Semester ] Summer Only

I certify that the information provided on this application is truthful and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny volunteering or dismissal. My signature below also allows the County to use photographs/digital images in promotional materials for the Volunteer Program, if yes checked above.

Signature of Volunteer Applicant

Parent or Legal Guardian Signature (If Volunteer is a Minor) Date