

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: (Include area code)	()		
Alternate Phone Number: (Include area code)	()		
Email Address:				
Driver's License (Circle One)	YES	NC	If yes, provide your Driver's I Number:	_icense
Email Address: Driver's License	YES	NC	1	_icense

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: (Include area code)	()			
Alternate Phone Number: (Include area code)	()			
Email Address:					

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Desired Volunteer Assignment:										
Current/Past Employer or Volunt	eer E	Experi	ence	€						
Name of Organization/Business:										
Your Title/Role:										
Dates of Employment/Volunteer:										
Address:										
City, State, Zip Code:										
Supervisor Name:	()							
Supervisor Phone Number: (Include area code)	()							
(modern councy)										
Name of Organization/Business:										
Your Title/Role:										
Dates of Employment/Volunteer:										
Address:										
City, State, Zip Code:										
Supervisor Name:	()							
Supervisor Phone Number: (Include area code)	()							
Do you have any health limitation duties? (Circle One) YES	is th	at ma	y res	strict you NO	ır perf	orman	ce of a	ssigne	∌d	
·	. lim	itation	.e.							
If yes, please provide the specific	, IIMI	itatiof	15:							



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Reference #1

Name	Title/Relationship
Address	
71441666	
Phone Number	Email Address
Reference #2	
Name	Title/Relationship
Address	
Phone Number	Email Address
Certification:	
By signing below, I certify that, to the	ne best of my knowledge, the information contained in this
application is true and correct.	
(Applicant Cinneture)	(Data)
(Applicant Signature)	(Date)
If under 18 years of age, signature of a p	parent/guardian is required
(Parent/Legal Guardian Signature)	(Date)

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