



**COUNTY OF SAN BERNARDINO
HEALTH & HUMAN SERVICES
VOLUNTEER INVOLVEMENT PROGRAM**

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Must print in blue or black ink.

Last Name, First Name	Social Security Number	Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address, City, State, Zip		
Home Telephone	Business/Message Telephone	
Fax Number	E-mail Address	

Please list other names you have used: _____

Name and Relationship of Person to contact in case of emergency		
Home Telephone	Business Telephone	
Physician or Hospital	Alternate Telephone	

Can you perform the essential functions of the job with or without a reasonable accommodation?

Yes No If you require an accommodation, what is the accommodation you are requesting?

EDUCATION

High School Graduate: Yes No **Highest grade completed:** 9 10 11 12

College or University (City, State, Country)	Major	Quarter Units Completed	Semester Units Completed
	Minor	Type of Degree	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Graduate Work-College or University (City, State, Country)	Major Field	Quarter Units Completed	Semester Units Completed
		Type of Degree	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Vocational Training		Certificates	

If you are a licensed health care provider, please indicate:

Type of License: _____ License Number: _____ Expiration Date: _____

Bilingual Language Skills

Language(s): _____ Speak Read Speak

Are you trained/certified in First Aid procedures? Yes No

Are you trained/certified in CPR techniques? Yes No

BACKGROUND INFORMATION

As an adult over the age of 18, have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain (this is not necessarily disqualifying information): _____

AUTOMOBILE INSURANCE INFORMATION

Please provide a copy of a valid driver's license and proof of insurance

Do you drive? Yes No

Do you have access to a car? Yes No

Driver's License Number	State	Expiration Date
Name of Insurance Company	Amount of coverage	
	Liability:	Collision:
Agent	Telephone	

Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

VOLUNTEER EXPERIENCE/INTEREST

Are you currently volunteering? Yes No If yes, where? _____

How long have you been there? _____

What type of work do you do? _____

What would you like to do as a volunteer? _____

How did you hear of the HSS Volunteer Services Program? _____

List special interests, skills and hobbies that you consider beneficial in your volunteer work:

PREFERENCES

Check the type of volunteer appointment(s) you will accept:

Single Event Full-time Temporary or Recurrent Part-time

Check the geographic area(s) where you would like to volunteer:

- | | | | | |
|---|---|---------------------------------------|--------------------------------------|--|
| <u>West End</u> | <u>Valley</u> | <u>Lower Desert</u> | <u>Upper Desert</u> | <u>Mountains</u> |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> 29 Palms | <input type="checkbox"/> Victorville | <input type="checkbox"/> Crestline |
| <input type="checkbox"/> Chino | <input type="checkbox"/> Colton | <input type="checkbox"/> Joshua Tree | <input type="checkbox"/> Barstow | <input type="checkbox"/> Lake Arrowhead |
| <input type="checkbox"/> Rancho Cucamonga | <input type="checkbox"/> Fontana | <input type="checkbox"/> Yucca Valley | <input type="checkbox"/> Needles | <input type="checkbox"/> Blue Jay |
| | <input type="checkbox"/> Redlands | | | <input type="checkbox"/> Big Bear |
| | <input type="checkbox"/> Yucaipa | | | <input type="checkbox"/> Running Springs |

AVAILABILITY

Please indicate the hours you are available to volunteer each day:

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday
	AM		AM		AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM		PM		PM

EMPLOYMENT HISTORY

Current Employer

Company Name		Telephone
Address, City, State, Zip		
Position		Start Date
Work Hours	Supervisor	

PERSONAL REFERENCES

Please list THREE references (TWO PROFESSIONAL AND ONE PERSONAL) who do not reside in the same household AND who are not related to you:

NAME	ADDRESS	TELEPHONE	POSITION

IMPORTANT

TO ALL VOLUNTEERS DRIVING THEIR PERSONAL CARS ON COUNTY BUSINESS

The County does not insure Volunteers who are using their personal car on County business. You are prohibited from using your car on County business unless you have the minimum coverage required by the California Motor Vehicle Code. It is mandatory that Volunteers operating their personal car on County business have a valid California Driver's License, the legally required minimum insurance, and be at least 18 years of age. It is also required that a Volunteer complete a Release and Hold Harmless Agreement form prior to using their personal car on County business. Further, it is the responsibility of the Volunteer to insure that the CDL remain current and that, should any conditional use provisions or restrictions become a part of that license, the information is promptly reported to the Supervisor. The Volunteer will also be expected to attend a driver's awareness class that is provided by the County of San Bernardino.

Under no circumstances are Volunteers to transport clients in their personal cars.

I certify that all statements made in this application are true and complete to the best of my knowledge.

Applicant Signature	Date
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Reviewed By (Employee ID)	Date	Entered By (Employee ID)	Date