

MADERA COUNTY VOLUNTEER PROGRAM APPLICATION

NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____

ARE YOU AT LEAST 18 YEARS OLD OR OLDER? YES NO

WHICH DEPARTMENT DO YOU WISH TO VOLUNTEER: _____

ARE YOU BI-LINGUAL: YES NO IF YES, WHAT LANGUAGE: _____

PLEASE LIST THE SKILLS YOU POSSESS THAT WOULD BE USEFUL TO THE DEPARTMENT YOU WISH TO VOLUNTEER FOR:

DO YOU HAVE ANY PHYSICAL LIMITATION OR WORK RESTRICTIONS? YES NO

IF YES, PLEASE EXPLAIN LIMITATIONS AND RESTRICTIONS: _____

DO YOU TAKE ANY MEDICATIONS THAT MIGHT IMPAIR YOUR ABILITY TO PERFORM YOUR ASSIGNMENT? YES NO

AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES PLEASE GIVE DATE AND NATURE OF OFFENSE (CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING): _____

ARE YOU RELATED TO ANYONE WHO WORKS FOR MADERA COUNTY BY BLOOD, MARRIAGE OR ADOPTION?

IF YES, NAME: _____ RELATIONSHIP: _____

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any misrepresentation, fraud or misrepresentation of material facts may be grounds for denial of volunteer employment, including dismissal. I further understand that I can be released from the volunteer program at any time, for any reason.

SIGNATURE: _____ DATE: _____

DEPARTMENT ASSIGNED TO: _____ DATE ASSIGNED: _____

MUST BE APPROVED BY ADMINISTRATIVE OFFICE PRIOR TO ASSIGNMENT

Approved by: _____ Date: _____
Name Title