

MADERA COUNTY VOLUNTEER PROGRAM APPLICATION

NAME _____

ADDRESS _____ ZIP _____

PHONE NUMBER _____

ARE YOU AT LEAST 18 YEARS OLD OR OLDER? YES ____ No ____

IN 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 FOR WHICH YOU WISH TO VOLUNTEER. _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS 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 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