

MADERA COUNTY VOLUNTEER PROGRAM APPLICATION

NAME _____

ADDRESS _____ 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 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, 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