



# Mendocino County Volunteer Program Application

Program Administered by Human Resources  
 501 Low Gap Road, Room 1326, Ukiah, CA 95482  
 Phone: (707) 234-6600 Fax: (707) 468-3407  
[hr@mendocinocounty.gov](mailto:hr@mendocinocounty.gov)

|   |             |  |  |
|---|-------------|--|--|
| Department(s) of Interest:  |             | Date:  |  |
| First Name:   |             | Last Name:   |  |
| Address:  | City:       | State, Zip Code:   |  |
| E-Mail:   | Cell Phone: | Home Phone:  |  |
| Emergency Contact:  |             | Phone:   |  |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No  |             | May we have permission to take and use photos/digital images of you for use in promotional material?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| What language(s), other than English, do you speak fluently?  |             | What language(s) other than English, do you read and write fluently?   |  |
| How did you hear about the Volunteer Program?<br><input type="checkbox"/> County Website <input type="checkbox"/> County Employee <input type="checkbox"/> County Volunteer <input type="checkbox"/> Department <input type="checkbox"/> Other: _____ |             |  |  |

## REFERENCES—Personal and/or professional

|       |        |               |
|-------|--------|---------------|
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |

## DAYS AND TIMES AVAILABLE

|                                     |  |   |
|-------------------------------------|--|---|
| Number of hours available per week: | <u>Days available:</u> (Select all that apply)<br>Morning<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S<br>Afternoon<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S | <u>Availability:</u> (Please select one)<br><input type="checkbox"/> Ongoing <input type="checkbox"/> Short-Term<br><input type="checkbox"/> Semester<br><input type="checkbox"/> Summer Only |
|-------------------------------------|--|---|

I certify that the information provided on this application is truthful and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny volunteering or dismissal. My signature below also allows the County to use photographs/digital images in promotional materials for the Volunteer Program, if yes checked above.

\_\_\_\_\_  
 Signature of Volunteer Applicant                      Date                      Parent or Legal Guardian Signature (If Volunteer is a Minor)                      Date

**PLEASE COMPLETE, SIGN AND SUBMIT YOUR APPLICATION TO HUMAN RESOURCES**