

EDUCATIONAL BACKGROUND:

<p>HIGH SCHOOL</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>YEAR: _____ Graduated ____ Yes ____ No</p> <p>COLLEGE OR UNIVERSITY</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>MAJOR: _____ DEGREE/YEAR: _____</p> <p>GRADUATE WORK</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>MAJOR: _____ DEGREE/YEAR: _____</p>
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PLEASE LIST ANY OTHER SKILLS: (Business skills, electronics, construction, CPR, photography, computer, machines, and foreign language spoken fluently.)

NAME OF CERTIFICATE	ISSUING AGENCY	CERTIFICATE NUMBER	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST BELOW: All certificates, documents, licenses and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services.

ALL VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK

1. Are you currently on any form of Probation or Parole? _____ Yes _____ No
2. Are any of your relatives/anyone residing in your home currently on probation/parole?
Yes _____ No _____
3. Have you ever been convicted of an offense other than a minor traffic violation? Yes _____ No _____
(A conviction record will not automatically disqualify you from a volunteer position)
4. Has your driver's license ever been suspended or revoked? _____ Yes _____ No
5. If you answered "Yes" to any of questions 1-4, provide the following information:

DATE OF OFFENSE	OFFENSE	SENTENCING DATE	DISPOSITION	CITY/STATE
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6. Can you perform the essential functions of the position(s)? _____ Yes _____ No
7. Do you currently have medical insurance?: _____ Yes _____ No
If "Yes," please provide the following:

Carrier	Policy Number	Coverage Period
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The following question only applies to Applicants whose volunteer service requires the use of their personal vehicle.

8. Are you minimally covered for auto liability insurance as required by the State of California? _____ Yes _____ No
(If yes, please provide a copy of your current auto insurance declaration page.)
9. What past experiences have you had that you feel would help you to be an effective volunteer?

10. Why do you want to volunteer and what do you expect to gain personally from this experience?

11. What are your hobbies, interests, clubs and organization involvement?

REFERENCES: Please provide the names of two people you have known for an extended period of time who would be willing to discuss your qualifications for a volunteer position with the County of Riverside.

1) Name: _____

2) Name: _____

Phone (Daytime): _____

Phone (Daytime): _____

Years Known: _____

Years Known: _____

Relationship to you: _____

Relationship to you: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____		RELATIONSHIP: _____	
ADDRESS: _____		_____	
Number and Street	City	Zip Code	
CONTACT PHONE NUMBER(S) _____			

I hereby understand that I maybe required having certain health tests, inoculations, etc., depending on my assigned job and location.

IN MAKING THIS APPLICATION VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I AM COMMITTING MYSELF TO THE COUNTY OF RIVERSIDE'S PROGRAM FOR THE PERIOD AGREED UPON. I ACKNOWLEDGE I WILL NOT BE REIMBURSED FOR ANY OUT OF POCKET EXPENSES; I WILL ASSUME ALL RISKS OF INJURY OCCURRING TO ME WHILE RENDERING MY SERVICES. AS A VOLUNTEER, I AM NOT COVERED BY WORKERS' COMPENSATION. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL VOLUNTEERS AND THE RESULTS OF SUCH CHECKS ARE UTILIZED FOR THE SOLE PURPOSE OF EVALUATING THE SUITABILITY OF A VOLUNTEER TO COMMENCE OR CONTINUE PROVIDING VOLUNTEER SERVICES. I UNDERSTAND THAT MEETING THE MINIMUM QUALIFICATIONS TO BECOME A VOLUNTEER SHOULD NOT BE CONSTRUED AS MEETING THE MINIMUM QUALIFICATIONS FOR PAID POSITIONS. I ALSO UNDERSTAND THAT A VIOLATION OF CONFIDENTIALITY CONSTITUTES A MISDEMEANOR CRIMINAL OFFENSE AND I AGREE TO CONSCIENTIOUSLY ADHERE TO THE POLICIES & PROCEDURES OF THE COUNTY OF RIVERSIDE AND THE ASSIGNED DEPARTMENT INCLUDING BUT NOT LIMITED TO CONFIDENTIALITY POLICY AND CODE OF ETHICS. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I DO NOT HAVE PROPERTY INTEREST IN THE POSITION AND MY VOLUNTEER SERVICE IS AT WILL. I RECOGNIZE THAT I CAN BE REMOVED FROM THE POSITION AT ANY TIME, WITHOUT CAUSE AND WITHOUT THE RIGHT TO AN ADMINISTRATIVE REVIEW OF MY REMOVAL.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Date received: _____

Reference #1: Date Contacted: _____

Comments: _____

Reference #2: Date Contacted: _____

Comments: _____

Volunteer Applicant References Check (Circle one) **Excellent** **Good** **Bad**

Date of Volunteer Interview: _____

Volunteer Interview: **Excellent** **Good** **Bad**

Volunteer (Circle one) **Accepted** **Denied:**