

Riverside County Human Resources Department

Volunteer Application and Personal History Statement

<u>Volunteer Instructions</u>: For instructions on how to apply to volunteer, contact the County department where you would like to volunteer. If you are instructed to use this form, submit it to the County department where you are applying. Please do <u>not</u> submit this form to the Human Resources Department.

APPLICANT AND VOLUNTEER ASSIGNMENT INFORMATION

Applicant Name (Last, First, M.I.):		County Department/A		Agency Name:		Date:			
Volunteer Assignment Title or Description:		<u> </u>	Assignment Location:						
Previously Used Names/Aliases:		Days and Hours Available:							
Home Address (Number and Street,	City, Zip):								
Provide Length of Residence in CA. If less than 4 years, also list previous addresses:									
Primary Phone Number:	Message Phone Nu	ımber:	Date of Birth: Soc		Social Sec	ocial Security Number:			
Drivers' License Number, Class, Expiration Date, and Restrictions (restrictions required if authorization to drive will be sought):									
Email Address (RequiredYou may be contacted by email regarding your application or background check.)									
EMPLOYER INFORMATION (List current/most recent employer first)									
Company Name:			Phone:			Date:			
Address (Number and Street, City, Zi		Dates of Employment (Sta		ment (Start	and End Dates):				
Job Title and Duties:									
Job Duties (Continued):									
Company Name:	Phone:				Date:				
Address (Number and Street, City, Zi		Dates of Employment (S		ment (Start	tart and End Dates):				
Job Title and Duties:									
Job Duties (Continued):									
Company Name:		P	hone:			Date:			
Address (Number and Street, City, Zip):				Dates of Employr	ment (Start	and End Dates):			
Job Title and Duties:									
Job Duties (Continued):									

EDUCATION INFORMATION

High School:							
Address (Number and Street, City, Zip):		Class Year:	As of today, have you graduated?				
College or University:	Address (Number	Address (Number and Street, City, Zip):					
Major and Degree:	Dates of Attendar	nce:	As of today, have you graduated?				
College or University:	Address (Number	and Street, City	, Zip):				
Major and Degree:	Dates of Attendar	nce:	As of today, have you graduated?				
College or University:	Address (Number	and Street, City					
Major and Degree:	Dates of Attendar	nce:	As of today, have you graduated?				
CERTIFICATES, LICENSES, PROFESSION obtained, expiration dates, state of issue, a		SIGNATIONS	(For licenses, provide dates				
What past experiences have you had that	you feel would help you to	be an effective	volunteer?				
Why do you want to volunteer and what d	lo you expect to gain perso	nally from this	experience?				

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What are your hobbies, interests, clubs a	nd organizati	on involveme	nt?		
REFERENCES Please provide the names of two people discuss your qualifications for a voluntee	•		•	ould be willing to	
Reference Name:	Relationship to You:		Daytime Phone:	Years Known:	
Reference Name:	Relationship t	o to You: Daytime Phone:		Years Known:	
Do you have medical insurance? If yes, p	rovide carrie	r name, policy	number, and coverage peri	od:	
The following questions about drivers service requires the use of their person Has your drivers' license ever been susper Are you minimally covered for auto liabil copy of your current auto insurance decl	nal vehicle. Inded or revo	ked? If yes, pl	ease explain:		
	all written in ation is grounts contained rify any infor	uman Resour formation co unds for disqu d in this appli rmation on th	ualification and/or immedi cation and my support do is application and I author	iate dismissal. I cuments. I authorize rize release of any	
Applicant Signature		Date			
Parent/Guardian Signature (for minor applicants)		Date			
Parent/Guardian Name Printed					

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