

Calaveras County
Department: _____
Volunteer Application

Please print clearly

Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Professional Licenses or Registrations (RN, LVN, PHN, EIT, PE, MFT, LCSW, EMD, P.O.S.T., etc.):

Do you possess a valid California Driver's License? Yes No

Class: A B C License No. _____ Expires: _____

Can you provide proof of auto insurance upon request? Yes No

Are you fluent in any language other than English? Yes No

If yes, which language(s): _____

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____

Relationship to Emergency Contact: _____

Previous Volunteer Experience:

1. _____
2. _____
3. _____
4. _____
5. _____

Are you a past or current employee of Calaveras County? Yes No

If yes, which department did/do you work for? _____

Have you ever volunteered for Calaveras County before? Yes No

If yes, which department and in what capacity? _____

Have you ever been convicted of a crime? Yes No

(If yes, please list below: date, county/city of violation, violation code and description, fine and probation information.)

What days and times are you willing to commit to as a volunteer?

_____ One time special event _____ Special event series (days/weeks/months)

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Did you obtain a High School Diploma or equivalent? Yes No

Highest level of education completed: _____

Adult Tutoring Questionnaire (Complete only if applying to volunteer with Calaveras Adult Tutoring)

Have you tutored adults in the past? Yes No If yes, please tell us about your experience

Preferred Tutoring Subjects: (please circle)

GED Grammar Math Reading Spelling Writing Computers

Preferred Library Branch location(s) for tutoring: (please circle)

San Andreas Angels Camp Murphys Arnold Copperopolis, Mokelumne Hill West Point

Volunteers Earning Class Credit:

A volunteer registration constitutes an agreement between the volunteer, the County of Calaveras and the instructor of an academic institution to exchange credit towards course work for actual field experience earned through volunteer activities. All services performed are documented for academic credit towards coursework as determined by the individual's instructor. The County of Calaveras is not involved in awarding academic credits for services performed and only documents whether the volunteer performed satisfactorily and completed the agreed upon work within the Project deadlines.

Complete if requesting college credit:

Educational Institution: _____

Course: _____ Major: _____

Instructor's Name: _____ Phone #: _____

Mailing Address: _____

Email: _____

Volunteer Signature: _____ Date: _____

If under the age of 18 your parent or legal guardian must sign below:

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian please clearly print name here: _____

Department Staff Only

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Personnel Only

Scheduled for Orientation on: _____

Please list the number of all species of animals you currently own:

What volunteer duties would you like to perform ?

_____ Clean cages and feed individually caged cats

_____ Clean kennels, feed dogs, other companion animals and livestock

_____ Walk/socialize dogs foster transport

_____ Assist with rabies clinics

As a volunteer (**please initial**):

_____ I meet all current licensing and rabies vaccination requirements for all of my own dogs

_____ I ensure that my animals are under control at all times and do not create problems for others in my community

_____ I have my non-breeding animals spayed or neutered to prevent unwanted litters and to protect the health of my animals