

**SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOLUNTEER OR STUDENT INTERN APPLICATION**

Printed Name:		Date:
Address Street:		City/Zip Code:
Home Phone:	Work Phone:	Cell:
SS#	E-mail Address:	
In Case of Emergency, Please Notify Name & Relationship:		Phone #:
Physician Info Doctor's Name:		Phone #:
High School Graduate (or earned G.E.D.)? CIRCLE ONE: YES NO		
College or University Attended (Include dates attended and major subjects studied or degree earned and/or certificates of training, licenses or professional registration):		Graduation date (or expected)
Work Experience (Paid or Volunteer):		
DATE	JOB TITLE/DUTIES	EMPLOYER NAME
Type of Volunteer/ Student Intern Work Desired:		
Special Interests and Skills:		
What do you hope to gain through your volunteer/intern experience?		

How much time do you want to volunteer/intern?

Up to 4 hours/week 4-8 hours/week _____ Other

Please indicate below the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning						
Afternoon						
Evening						

Are you at least 18 years old? CIRCLE ONE: YES NO	Date of Birth: _____
Driver License # _____	State _____
Class _____	Expiration _____

REFERENCES: Related to your volunteer experience, if possible, otherwise personal friends. Each reference will be sent a form to complete.

NAME:	NAME:
ADDRESS (including ZIP Code):	ADDRESS (including ZIP Code):
PHONE:	PHONE:

CONVICTIONS: Conviction of a crime is not necessarily a bar to a volunteer position. Each case is considered separately based on job requirements for the volunteer assignment.

1. **Have you ever been convicted by any court of an offense?** _____
 OMIT: a. **Minor traffic violations.**
 b. **Any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law.**
 c. **Any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45**

2. **If a YES, state what offense, when, where and disposition of case.**

SIGNATURE: My signature affirms that all information on this application is true to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____

Sacramento County - DHHS
Volunteer Services Office
7001-A East Parkway, Suite 1000
Sacramento, CA 95823
 (Mail Code 37-1000A, if interoffice)