

COUNTY OF EL DORADO VOLUNTEER APPLICATION

Complete the application in its entirety and return it to the department in which you are interested in volunteering.

Applicant Information (PLEASE PRINT):

Applicant Name:			
	Last, First, M	/11	
Address:			
City, State, Zip Code:			
Main Phone Number: (Include area code)			
Alternate Phone Number: (Include area code)			
Email Address:			
Driver's License (Select One)			If yes, provide your Driver's License Number:

Parent/Guardian Information – for applicants under the age of 18 (PLEASE PRINT):

Parent/Guardian Name:	Last, First, MI
Address:	
City, State, Zip Code:	
Main Phone Number: (Include area code)	
Alternate Phone Number: (Include area code)	
Email Address:	

Please provide the times you are available to volunteer each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Desired Volunteer Assignment:

Current/Past Employer or Volunteer Experience

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: (Include area code)	

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: (Include area code)	

Do you h	nave any heal	th limitations that	may restrict	your performance	e of assigned
duties?	(Select One)	YES	🗋 NO		-

If yes, please provide the specific limitations:



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Reference #1

Name	Title/Relationship
Address	
Phone Number	Email Address
Address Phone Number	Email Address

Reference #2

Name	Title/Relationship
Address	
Address	
Phone Number	Email Address

Certification:

By signing below, I certify that, to the best of my knowledge, the information contained in this application is true and correct.

(Applicant	Signature)
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(Date)

If under 18 years of age, signature of a parent/guardian is required.

(Parent/Legal Guardian Signature)

(Date)

Note: Completion of this application does not guarantee acceptance to the program.