

# MADERA COUNTY VOLUNTEER PROGRAM APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD OR OLDER? ☐ YES ☐ NO

WHICH DEPARTMENT DO YOU WISH TO VOLUNTEER: \_\_\_\_\_

ARE YOU BI-LINGUAL: ☐ YES ☐ NO IF YES, WHAT LANGUAGE: \_\_\_\_\_

PLEASE LIST THE SKILLS YOU POSSESS THAT WOULD BE USEFUL TO THE DEPARTMENT YOU WISH TO VOLUNTEER FOR:

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DO YOU HAVE ANY PHYSICAL LIMITATION OR WORK RESTRICTIONS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN LIMITATIONS AND RESTRICTIONS: \_\_\_\_\_

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DO YOU TAKE ANY MEDICATIONS THAT MIGHT IMPAIR YOUR ABILITY TO PERFORM YOUR ASSIGNMENT? ☐ YES ☐ NO

AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES PLEASE GIVE DATE AND NATURE OF OFFENSE (CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING): \_\_\_\_\_

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ARE YOU RELATED TO ANYONE WHO WORKS FOR MADERA COUNTY BY BLOOD, MARRIAGE OR ADOPTION?

IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any misrepresentation, fraud or misrepresentation of material facts may be grounds for denial of volunteer employment, including dismissal. I further understand that I can be released from the volunteer program at any time, for any reason.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT ASSIGNED TO: \_\_\_\_\_ DATE ASSIGNED: \_\_\_\_\_

**MUST BE APPROVED BY ADMINISTRATIVE OFFICE PRIOR TO ASSIGNMENT**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Title