



County of Sonoma
Volunteer & Internship Program



Sonoma County Regional Parks Department
 2300 County Center Drive, Suite 120A, Santa Rosa, CA 95403
 (707) 565-3356 or 565-2041 Fax: (707) 579-8247

APPLICATION

PLEASE CHECK: VOLUNTEER <input type="checkbox"/> INTERN <input type="checkbox"/>		Date:	Office Use Only		
		Code	Dept.	Date of Ref.	Status
Area/Position of interest:					
First Name:	Last Name:				
Address:					
City:	State, Zip Code:				
Home Phone:	Work Phone:	E-mail address:			
GOALS through volunteering or interning (contribute to the community, gain work experience, school credit...)					
SUMMARIZE YOUR WORK HISTORY					
Current job title & employer:					
Brief description of present duties:					
Brief summary of employment history:					
EDUCATION					
If enrolled, school now attending: _____					
Major/Degree: _____ Expected date of graduation: _____					
List any degrees previously earned: _____					
RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES					

TIMES AVAILABLE		
Number of hours per week:	Circle Days available: S M T W TH F S (A.M.) S M T W TH F S (P.M.)	Availability: (Please circle one) Short Term, Ongoing, 1 Semester, School Year, Summer Only

VOLUNTEER EXPERIENCE (Summarize your volunteer history, if applicable)

HOBBIES OR INTERESTS (Tell us what you enjoy doing)

Are you **Fluent** in other languages? If so, please list:

In times of **County-Wide disaster**, may we call you to assist? Yes No

TRANSPORTATION

Do you have a valid CA driver's license? Yes No Do you have auto insurance? Yes No

CA Driver's License #: _____ Expiration date: _____
 If you don't drive, how will you get to your job? _____
 Have you been put on probation or has your driver's license been suspended or revoked within the last 5 years?
 Yes No If yes, please explain: _____

BACKGROUND CHECKS
 (The Sonoma County Regional Parks Department requires background checks)

Birth Date: _____ Social Security #: _____

1. Have you been convicted of a felony? Yes No
 2. Have you been convicted of a misdemeanor? Yes No
 If yes, please explain: _____

I authorize the County to perform a background check as necessitated by the position I am applying for.

SIGNATURE _____

The following information is for statistical purposes only and is an optional part of the application

How did you learn about the program? <input type="checkbox"/> Human Resources Bulletin Board <input type="checkbox"/> County Employee <input type="checkbox"/> Press Democrat <input type="checkbox"/> Posted Bulletin <input type="checkbox"/> School _____ <input type="checkbox"/> Website <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Female <input type="checkbox"/> Male Age Category: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> Over 65	Check one: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____
--	--	--