



5500 Overland Ave., Suite 410
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ParksVolunteer@sdcounty.ca.gov
www.SDParks.org

VOLUNTEER SERVICES PROGRAM

Volunteer Application

Applicants must submit all volunteer registration forms directly to the County of San Diego Department of Parks and Recreation Headquarters located at the County Operations Center.

A - APPLICANT INFORMATION

Last Name		First		Middle	
Address		Apt/Bldg	City	State	Zip Code
Home Phone Number	Cell Phone Number	E-Mail Address			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, what is your birthdate?</i> _____ <i>If you are under 18 years of age, please complete all volunteer forms with your parent or guardian.</i>					

B - EMERGENCY CONTACT INFORMATION

Name	Primary Phone	Alternate Phone	Relationship	
Home Address	Apt/Bldg	City	State	Zip Code

C - VOLUNTEER INTEREST & SKILLS

Live on-site in a Parks and Rec. location <input type="checkbox"/> Campground or Park Host <i>Live in your RV or travel trailer</i> <i>Requires a minimum of 20 hours of volunteer service per week and completes an additional "Occupancy Agreement" before the start date. In addition, each adult over the age of 18 needs to complete an application.</i>	Live at home and volunteer <input type="checkbox"/> Community and/or Teen Center <input type="checkbox"/> Historical Site <input type="checkbox"/> Nature or Visitor's Center <input type="checkbox"/> Open-Space and Preserves <input type="checkbox"/> Regional or Local Parks <input type="checkbox"/> Recreation and Sports <input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____	Mandated Community Service <input type="checkbox"/> Court-ordered and alternative sentencing <input type="checkbox"/> Service-Learning (graduation requirements) <input type="checkbox"/> Welfare-to-Work / CalWORKs Student Worker Internships For information, contact: Connie Dachtler, Dept. HR Officer (858) 966-1326 Connie.Dachtler@sdcounty.ca.gov	
Which Park or location(s) would you like to volunteer?			
List any of your special skills or training:			
Do you speak other languages? If yes, please indicate language level and proficiency:			
Language	Speak <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Native Speaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Translate? <input type="checkbox"/> Yes <input type="checkbox"/> No

D - EDUCATION

Highest Education Level				
<input type="checkbox"/> High School	<input type="checkbox"/> Specialized Training or Trade School	<input type="checkbox"/> College or University	<input type="checkbox"/> Postgraduate or above	<input type="checkbox"/> Other (Specify)

E - EXPERIENCE

Do you have any previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Current Employment Status: <input type="checkbox"/> Employed: Full-Time <input type="checkbox"/> Employed: Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Current/Most Recent Employer:	Length of Employment:
Work Address:	Phone:

F – MATCHING INFORMATION						
What is the approximate length of time you want to volunteer?	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 6+ months			
What is the estimated amount of time you want to volunteer?	<input type="checkbox"/> 1-16 hrs./wk.	<input type="checkbox"/> 17-24 hrs./wk.	<input type="checkbox"/> 24+ hrs./wk.			
If you selected "Community Service" how many hours do you need to complete and by when?						
Total hours to complete:		Date to complete hours				
Indicate your hours of availability below (e.g., 8 a.m. – 5 p.m.)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

G – PARENT/GUARDIAN INFORMATION (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE)					
Last Name		First		Middle Initial	
Address		Apt/Bldg	City	State	Zip Code
Home Phone Number	Cell Phone Number	E-Mail Address			

H – CAMPGROUND AND PARK HOST APPLICANTS ONLY	
Do you own or have access to a habitable recreational vehicle or park trailer, described as a motor home, travel trailer, truck camper, camping trailer, house car, or van camper in good repair with a working kitchen and bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all individuals who will be occupying the host site (identify the ages of minor occupants)	
If applicable, the number of pets that will occupy the host site, please list (all pets subject to approval)	
Dogs:	Cats: Other (please explain):

I – APPLICANT’S SIGNATURE

I understand that once I am formally designated as a County of San Diego volunteer, I am subject to all rules and regulations governing the program, as set forth by the County of San Diego.

I certify that the information provided in this volunteer interest form is accurate to the best of my knowledge and that any false statements or answers will be grounds for disqualification.

In the interests of public health and safety, all County of San Diego volunteers are required to pass a background check and medical testing before they begin volunteering. I understand that some volunteer assignments may require supplemental information or documentation for placement.

_____ Applicant Signature	_____ Date
_____ Parent/Guardian Signature (for minor applicants)	_____ Date
_____ Parent/Guardian Name Printed	

J - SUBMISSION

Please submit the signed volunteer interest form by mail or e-mail

Best Method: Submit by E-mail	Submit by Mail	Questions and Inquiries? E-mail us!
Volunteer Services Program ParksVolunteer@sdcounty.ca.gov	Volunteer Services Program County of San Diego Dept. of Parks and Rec. 5500 Overland Avenue, Suite 410 San Diego, CA 92123	Volunteer Coordinator ParksVolunteer@sdcounty.ca.gov