



GLENN COUNTY PERSONNEL DEPARTMENT

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VOLUNTEER/INTERN APPLICATION PLEASE PRINT CLEARLY

*Your acceptance as a volunteer or intern may be contingent upon a successful completion of a background check.

Please check one: Volunteer Intern

Last Name First Name

Address Apt. # City State Zip Code

Home Telephone: _____ Work Telephone: _____

Are you over the age of 18? YES _____ NO _____ Social Security # _____ - _____ - _____

Driver License or ID # _____ State _____ Expiration Date _____

Are you currently a student? YES _____ NO _____ Name of School: _____

Degree or Certificates:

Other Training: _____

Languages

Read _____ Speak _____ Write _____

Occupation: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact your employer for reference? YES ___ NO ___

List one alternative reference we may contact: (may be friend, professor or employer)

Name: _____ Phone: _____

Address: _____

Relationship: _____

Prior Volunteer Experience (include dates)

List any job-related organizations, clubs, professional societies, associations which you may belong to:

How did you hear about our program?

Time you have available for volunteer/intern work: # Hours per week _____

Approximate Length of Commitment: 1-3 months 2-4 months 4-6 months 1 year+

Days and Hours available: (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

Name one person to be notified in case of accident or emergency:

Name: _____ **Address:** _____

Phone Number: _____ **Relationship:** _____

I understand that my services are donated to the County of Glenn (County) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the County's workers' compensation insurance in the event of an injury from rendering a volunteer or intern service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those who are utilizing my services as a volunteer.

As a volunteer or intern for the County of Glenn, I agree to maintain state mandated automobile liability insurance. It is also my understanding that THE County may perform a criminal record check.

Volunteer Signature: _____ Date: _____

Office Use Only

Interviewed By: _____ Date: _____ Record Check Initiated: _____ Cleared: _____

Employer/Program Coordinator Signature: _____ Date: _____