



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

## VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ APT.# \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you have auto insurance? Yes \_\_\_ No \_\_\_

Do you have a physical or medical problem, which may limit your ability to perform as a volunteer?

Yes \_\_\_ No \_\_\_ If yes, briefly explain: \_\_\_\_\_

**\*ALL VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK\***

Are you currently on any form of Probation or Parole? Yes \_\_\_ No \_\_\_ Date of offence: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_.

If "Yes": Date: \_\_\_/\_\_\_/\_\_\_ Charge/Sentence: \_\_\_\_\_ City: \_\_\_\_\_

*(A conviction record will not automatically disqualify you from volunteering)*

### **EMPLOYER INFORMATION**

List current or most recent employer first

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

### **EDUCATION**

Circle the highest grade of school you have completed:

High School: 1 2 3 4 College: 1 2 3 4 5 6 Graduate: 1 2 Other: \_\_\_\_\_

What degrees or certificates do you have? \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If yes, complete below:

\_\_\_\_\_  
SCHOOL ATTENDING

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
FIELD OF STUDY/MAJOR

ADDITIONAL INFORMATION ON BACK

**INTERESTS:**

Have you volunteered with the County of Riverside in the past? Yes \_\_\_ No \_\_\_

If Yes, Date: \_\_\_/\_\_\_/\_\_\_ Department? \_\_\_\_\_

What foreign languages do you speak? \_\_\_\_\_

List computer programs you work with? \_\_\_\_\_

Please list all certificates, documents, licenses and professional designations: \_\_\_\_\_

How did you learn about the Department of Environmental Health Volunteer Services Program?  
\_\_\_ School \_\_\_ Internet \_\_\_ Friend \_\_\_ Employee \_\_\_ Other: \_\_\_\_\_

How many hours are you available to volunteer? \_\_\_\_\_ Months? \_\_\_\_\_ to \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In Case of an emergency contact the following individual

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Please submit completed application and mail to: County of Riverside Environmental Health  
4065 County Circle Dr. Suite 104, Riverside, CA. 92503.  
Application may also be faxed to (951) 358-5017 or emailed to rimartin@rivco.org  
(951) 358-5172 ~ WWW.RIVCOEH.ORG**

**PARENT/CARETAKER INFORMATION**

Teenagers ages 16/17 must fill out this information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Disclaimer**

Riverside County Ordinance 440, as amended, states in Section 10. If County Insurance: Such as liability insurance as the County may carry shall be excess insurance over any other valid collectible insurance, including that provided by the volunteer worker.  
**VOLUNTEER WORKERS ARE NOT COVERED BY WORKER'S COMPENSATION INSURANCE OR BY COUNTY SELF-INSURANCE FOR INJURY OR ACCIDENT ARISING OUT OF VOLUNTEER SERVICE.**

**BY MY SIGNATURE BELOW, I DECLARE THAT ALL INFORMATION PROVIDED ON THIS DOCUMENT SUBMITTED TO THE COUNTY OF RIVERSIDE IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION IS GROUNDS FOR DISQUALIFICATION. I AUTHORIZE THE COUNTY AND ANY OF ITS AGENTS TO VERIFY ANY INFORMATION ON THIS APPLICATION AND I AUTHORIZE RELEASE OF ANY SUCH INFORMATION. I RELEASE THE COUNTY OF ANY LIABILITY FOR SEEKING SUCH INFORMATION. I ALSO FULLY UNDERSTAND AND AGREE TO UPHOLD ALL POLICIES AND PROCEDURES OF THE COUNTY OF RIVERSIDE, DEPARTMENT OF ENVIRONMENTAL HEALTH. BY COMPLETING THIS APPLICATION, I UNDERSTAND THAT I AM COMMITTING MYSELF TO THE COUNTY OF RIVERSIDE, DEPARTMENT OF ENVIRONMENTAL HEALTH VOLUNTEER SERVICES PROGRAM FOR THE PERIOD AGREED UPON. I AGREE TO ABIDE BY THE COUNTY OF RIVERSIDE CODE OF ETHICS AND WILL HOLD IN STRICT CONFIDENCE ALL INFORMATION THAT IS ACQUIRED THROUGH SERVICE THAT IS DEFINED BY THE FEDERAL PRIVACY ACT (HIPAA) AND THE STATE OF CALIFORNIA AS CONFIDENTIAL. I WILL ASSUME ALL RISKS OF INJURY OCCURRING TO ME WHILE RENDERING MY SERVICES AND HEREBY HOLD HARMLESS AND RELEASE THE COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH FROM ANY AND ALL CLAIMS. I DO NOT HAVE PROPERTY INTEREST IN THE POSITION AND MY VOLUNTEER SERVICE IS AT WILL. I RECOGNIZE THAT I CAN BE REMOVED FROM THE POSITION AT ANY TIME, WITHOUT CAUSE AND WITHOUT THE RIGHT TO AN ADMINISTRATIVE REVIEW OF MY REMOVAL.**

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Caretaker Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_