



5510 Overland Ave., Suite 270
 San Diego, CA 92123
 (858) 966-1335
ParksVolunteer@sdcounty.ca.gov
www.SDParks.org

VOLUNTEER SERVICES PROGRAM

Volunteer Application

A - APPLICANT INFORMATION

Last Name		First		Middle	
Address		Apt/Bldg	City		State
Home Phone Number	Cell Phone Number	E-Mail Address			

Are you over 18 years of age? Yes No *If no, what is your birthdate?* ____/____/____
If you are under 18 years of age, please complete all volunteer forms with your parent or guardian.

B – PARENT/GUARDIAN INFORMATION (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE)

Last Name		First		Middle Initial
Primary Phone Number	Secondary Phone Number	E-Mail Address		

C - EMERGENCY CONTACT INFORMATION

Name	Phone Number	E-Mail Address
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D – VOLUNTEER INTEREST & SKILLS

Which park or location(s) would you like to volunteer?		
Current or Previous County of San Diego Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, which department?</i>
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, select one:</i> <input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Retired	
Military Branch	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Space Force	
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

E – 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 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 must pass a background check and medical testing before they begin volunteering. I understand 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	

H - 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	County of San Diego Dept. of Parks and Rec. 5510 Overland Ave., Ste. 270 San Diego, CA 92123	Volunteer Coordinator ParksVolunteer@sdcounty.ca.gov