

**California School for the Deaf, Riverside
Volunteer Application**

Name: _____ SSN: _____-_____-_____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

Email: _____

Emergency Contact: _____

Phone number: (_____) _____

List your school, college, trade, or other courses/experience below:

School/Job	City/State	# of Semesters	Major/Experience

List any special skills, licenses, foreign languages, computer skills and volunteer experience:

Briefly explain why you would like to volunteer at CSDR:

Please select volunteer placement areas where you may be interested in working (Select 3 – 1st, 2nd, 3rd choice):

- | | |
|---|--|
| <input type="checkbox"/> Administrative/Offices | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Library | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> High School |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Dorms |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Admissions |
| <input type="checkbox"/> Other _____ | |

Times Available to Work

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Length of time available to volunteer: Semester Quarter Month On-going

I certify that all statements made in the application are true and complete. I further understand there may be specific qualifications for some volunteer positions and that my placement within a department is subject to meeting those qualifications. Once accepted as a volunteer, I realized I can be released from my volunteer position, since I serve at the will of the operating department and campus as a whole.

Signature of Applicant

Date