

Volunteer Initiative Program

A PROGRAM OF THE VOLUNTEER CENTERS AND THE COUNTY OF SANTA CRUZ

DEPARTMENT REQUEST FOR VOLUNTEERS

- General Volunteer Student Intern Youth Volunteer 13-17 yrs.
 Senior Volunteer 55 yrs+ Short-Term Volunteer Other: _____

Department / Division making request: _____ Date of Request: _____

Office Address _____ Room # _____

Staff member making request: _____ Supervising staff member: _____

Fax #: _____ Extension: _____ Email: _____

Project/Event Title: _____ Volunteer Title: _____

Total number of volunteers needed: _____

Project/Event Date(s): _____

Time commitment desired: (On average, *ongoing* volunteer positions require approx. 10-15 hrs/wk)

_____ hours/day; _____ days/week

Estimate of total hours needed: _____ hrs

1. Purpose of project / volunteer:

2. Volunteer duties (please be specific about tasks and duties):

3. How is this volunteer position NOT a paid staff position? (*SEIU requires an answer to this question*)

4. What skills are needed?

5. What is the most fun thing this volunteer will be doing? (*Or what would motivate someone to want this volunteer position?*)

6. Legal/policy requirements to be met for this volunteer position (as needed/according to department):

- Driving record check¹ Fingerprinting* Provide three job references
 Background Check* Oath of Confidentiality² Reference check
 Other (please be specific): _____

7. Has this volunteer position been approved by the department head? Yes No

8. Do you have a specific volunteer in mind? If so, what is their name? _____

Please deliver/return to:

VIP Coordinator

701 Ocean St, Room 30

P: (831) 454-2987

F: (831) 454-3463

per346@co.santa-cruz.ca.us

¹ Volunteer is responsible to obtain own **Driving Record Check** from DMV.

* VIP/County of Santa Cruz covers the cost of the **Background Check/Fingerprinting**.

² **Oath of Confidentiality** is administered by department, not through VIP.

Updated 8/24/2009

For Office Use Only

Roster (#____)

www.1-800.vol.org

Opportunities Flyer