

School Health Programs
Child Abuse & Neglect Prevention Program
7000 Doe Avenue, Building 700
Visalia, CA 93291

Directions for Volunteer Position Application

- Please complete the attached application online. Be sure all fields are completed.
- Print the completed application.
- Alternatively, you may print out a blank application and type or clearly print your information.
- Sign the application in the appropriate space.
- Mail or deliver your application to:

Nan Arnold, Program Manager
School Health Programs
Tulare County Office of Education
7000 Doe Ave., Building 700
Visalia, CA 93291

- If you have any questions about the application, please call School Health Programs at (559) 651-0130, ext. 3712.

Volunteer Position Application

Please type or print

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (work) _____ (home) _____ Soc.Sec.No: _____

Volunteer Position(s) or Program(s) for which you are applying: _____

EDUCATIONAL PREPARATION: List below pertinent high school, business, trade, college, university, armed forces, correspondence or other courses.

School Name & Location	Full Time	Part Time	Major Subject	Degree/Certificate

Reason for seeking volunteer position:

Special skills or abilities:

PROFESSIONAL REFERENCES:

Name	Title	Address	Phone

PERSONAL REFERENCES:

Name	Title	Address	Phone

NOTE: Any misstatements or omission of material facts in this application may be cause for non-selection.

Have you ever been convicted of a misdemeanor? Yes No A felony? Yes No

Do you have any physical condition(s) which would prevent you from performing the duties which are listed on the job description? Yes No

Signature: _____ Date: _____

*The information below is needed in order to measure the effectiveness of our recruitment efforts. This information **WILL NOT** be used as a basis for selection. It will be used for statistical purposes only.*

How did you hear about this job? _____

Ethnic Background: White Black Hispanic American Indian Asian Other

Sex: Male Female

Volunteer Position(s) or Program(s) for which you are applying: _____

Date: _____ Date of Birth: _____