



LOS ANGELES COUNTY
CONSUMER & BUSINESS AFFAIRS

Los Angeles County
 Board of Supervisors
 Hilda L. Solis
 Mark Ridley-Thomas
 Sheila Kuehl
 Janice Hahn
 Kathryn Barger

Joseph M. Nicchitta
 Interim Director

VOLUNTEER/INTERN APPLICATION

PERSONAL INFORMATION (Please Print)

Name: _____ () _____

(Last) (First) (M) Phone Number

Address: _____

(Street) (City) (Zip Code)

Birthdate ___/___/___ CA Driver's License #: _____ Expiration Date ___/___/___

E-mail: _____

EDUCATION (Check the highest grade completed)

High School 9 10 11 12 GED College 1 2 3 4 Post-graduate

WORK EXPERIENCE – Attach a current resume.

SPECIALIZED EXPERIENCE: (Check any special skills or experiences that apply)

- Customer service
- Training
- Counseling
- Public speaking
- Public relations
- Marketing
- Writing
- Journalism
- Clerical
- Research
- Investigating
- Legal
- Website Management
- Translation
- Certificate in Mediation

Computer Skills:	Languages Spoken:

GENERAL INFORMATION: Please list previous or current volunteer work.

Name of Agency	Supervisor's Name	Phone	Dates Volunteered



How did you hear about the Department of Consumer & Business Affairs's Volunteer/Internship Program?

If you could choose your volunteer/internship assignment, what would it be? (Check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Casework | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Mediation | <input type="checkbox"/> Special project |
| <input type="checkbox"/> Clerical office support | <input type="checkbox"/> Investigations | <input type="checkbox"/> Public relations | <input type="checkbox"/> Training |
| <input type="checkbox"/> Consumer Counseling | <input type="checkbox"/> Legal / Research | <input type="checkbox"/> Small Business | <input type="checkbox"/> Translating |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Marketing | <input type="checkbox"/> Small Claims | |

Please list the most convenient days and times for you to volunteer.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

REFERENCES (Please provide two non-family references)

Name	Address	Phone	Email	Relationship

1. Have you ever had a professional license suspended or revoked? Yes No

If yes, explain below:

2. Do you authorize the Department to schedule you for a Live Scan? Yes No

EMERGENCY & MEDICAL CONTACT

Name of Emergency Contact:	Relationship:	Phone:
Doctor's Name:	Medical Coverage:	Phone:

_____ **(Initial)** I understand and agree that during the time I volunteer my services to the Department of Consumer and Business Affairs, I may not in any way solicit as a client any person contacting the Department of Consumer and Business Affairs for information and assistance.

_____ **(Initial)** I hereby certify that all statements made in this application are true to the best of my knowledge and authorize the County of Los Angeles to contact my references.

Volunteers and interns cannot work in the same division as a family member. We reserve the right to decline an applicant if, in the sole judgment of the Department, it would be in our best interest or those we serve.

Signature _____ Date _____

Please mail or email the completed application to:

County of Los Angeles Department of Consumer & Business Affairs
 Volunteer/Internship Coordinator
 500 West Temple Street, Room B-96
 Los Angeles, CA 90012
volunteer@dca.lacounty.gov