



**LOS ANGELES COUNTY**  
**CONSUMER & BUSINESS AFFAIRS**

Los Angeles County  
 Board of Supervisors

Hilda L. Solis  
 Holly J. Mitchell  
 Sheila Kuehl  
 Janice Hahn  
 Kathryn Barger

Rafael Carbajal  
 Director

**VOLUNTEER 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  Graduate

Degree/Major: (if applicable) \_\_\_\_\_

**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



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

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Why are you interested in becoming a Volunteer for the Department of Consumer and Business Affairs?

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

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|--------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Mediation        | <input type="checkbox"/> Special project |
| <input type="checkbox"/> Casework                | <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 professional references)

Name	Address	Phone	Email	Relationship

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

**If yes, explain below:**

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2. Please be advised that the Department of Consumer and Business Affairs conducts a background screening/fingerprinting for all volunteers. If selected, you will be required to complete a live scan.

Yes, I have read and understand the terms and conditions.

3. Do you have any family members that currently work for the department? (If yes, please provide names) \_\_\_\_\_

**Please be advised that Volunteers cannot work in the same division as a family member.**

**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.

\_\_\_\_\_ **(Initial)** I understand that all County volunteers and interns must be fully vaccinated against COVID-19 as a condition of beginning their assignment. Candidates who are selected for the volunteer and intern opportunities will be required to submit proof of vaccination against COVID-19 during the onboarding process. Candidates should not present proof of vaccination until instructed to do so by the hiring department.

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 Coordinator  
320 West Temple Street, Room G-10  
Los Angeles, CA 90012  
[volunteer@dcba.lacounty.gov](mailto:volunteer@dcba.lacounty.gov)

## **SUPPLEMENTAL TO VOLUNTEER APPLICATION**

*Please complete the entire supplemental application, using additional pages if necessary.*

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### **MEDIATION QUALIFICATIONS** (Check all that apply)

- J.D. or graduate degree in conflict resolution (Attach certificate)
- Experienced Mediator (At least 24 mediated cases - in person or in a virtual setting)
- Mediator (participated in at least 12 mediation sessions – in person or in a virtual setting)
- Completion of at least 25 hours of verifiable formal mediation training that includes mediation theory and role-play. (Attach Certificate)

**Intern in training:** Name of School: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_

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### **MEDIATION EXPERIENCE & TRAINING**

**Number of mediation sessions conducted:** \_\_\_\_\_

COURSE PROVIDER	COURSE CONTENT	DATE	NO. OF HOURS OF ROLE- PLAYING

Summarize your mediation experience, particularly in the last five years: \_\_\_\_\_

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Identify all organizations or courts for which you have served as a paid or volunteer mediator, including dates/years of service:

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**LEGAL AND OTHER PROFESSIONAL EXPERIENCE/EDUCATION/CERTIFICATION**

Bar, Degree or License Certification/No.	YR of Admission/Issue Date	Expiration Date

Summarize legal or other professional experience (including teaching), particularly in the past five years:

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**NATURE OF LAW / MEDIATION PRACTICE & AREAS**

\_\_\_\_\_ Litigation:      Number of years in active litigation: \_\_\_\_\_

Percentage of practice in last 5 years: Representing (1) plaintiffs: \_\_\_\_\_ (2) defendants: \_\_\_\_\_

\_\_\_\_\_ Transactional      \_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

Specify Areas: \_\_\_\_\_

Please list the types of matter you are best qualified to mediate: (check all that apply)

- Small Claims: \_\_\_ Court \_\_\_ Community
- Unlawful Detainer: \_\_\_ Court \_\_\_ Community
- Civil Limited: \_\_\_ Court \_\_\_ Community
- Civil Harassment \_\_\_ Court \_\_\_ Community
- Debt Collection \_\_\_ Court \_\_\_ Community
- Landlord / Tenant \_\_\_ Court \_\_\_ Community
- Homeless Prevention
- OTHER: \_\_\_\_\_

**OTHER RELEVANT INFORMATION**

Publications, professional affiliations, awards, or additional experience/skills:

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Do you speak any languages besides English? If yes, identify the language(s) and level of fluency.

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How many days would you be available to volunteer? \_\_\_\_\_ Hours per day: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**PROFESSIONAL REFERENCES** If possible, include lawyers or parties in mediation sessions you conducted.

Name	Organization/Title	Phone Number	EmailAddress

I certify that all the foregoing information is true and correct.

Date: \_\_\_\_\_ By: \_\_\_\_\_

**NOTE: 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.**

Please attach to application and mail or email the completed application to:

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