



LOS ANGELES COUNTY DEPARTMENT OF CONSUMER AFFAIRS

500 West Temple Street, Room B-96
Los Angeles, CA 90012-2706

VOLUNTEER/INTERN APPLICATION

(Please Print)

PERSONAL INFORMATION

Name: _____ Phone: _____
(Last) (First)

Address: _____
(Number) (Street) (City) (Zip Code)

Birthdate: _____ CA Drivers License #: _____ Expiration Date: _____

E-mail: _____

EDUCATION (Circle highest grade completed)

Elementary 6 7 8 High School 9 10 11 12 or GED College 1 2 3 4

WORK EXPERIENCE (Attach resume if available)

Employer's Name Address & Telephone	Job Title & Role Duties	Dates: From & To

SPECIALIZED EXPERIENCE

Check any special skills or experience that apply.

Customer service Training Counseling

Public speaking Public relations Marketing

Writing Journalism Clerical

Research Investigating Legal

Data entry Translation

Computer Skills: _____

Languages Spoken: _____

GENERAL INFORMATION

Please list previous or current volunteer work:

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

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

- Consumer counseling
- Special project research
- Legal research

- Writing
- Casework
- Training
- Marketing/public relations
- Investigations
- Computer
- Clerical office support
- Translating

- Other:

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

Have you ever had a professional license suspended or revoked? Do you have any criminal convictions? Yes No If yes, explain:

REFERENCES (Please provide two non-family references)

Name	Address	Phone	Relationship

EMERGENCY & MEDICAL CONTACT

Name: _____ Relationship _____

Phone: _____

Doctor's Name: _____

Medical Coverage: _____

Phone: _____

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

I further understand that the references I have provided may be contacted by the Department of Consumer Affairs. 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.

To the best of my knowledge the above information is true.

Signature _____ Date _____