

COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AFFAIRS

500 West Temple Street, Room B-96 Los Angeles, CA 90012-2706 (213) 974-9740 (213) 687-0322 Fax http://dca.lacounty.gov

VOLUNTEER/INTERN APPLICATION

(Please Print)

PERSONAL INFORI	MATION					
Name:		Phone:				
(Last)	(First)					
Address:(Number)	(Street)	(City)	(Zip Code)			
Birthdate:	CA Drivers License #:	Expiration Date/_				
E-mail:						
EDUCATION (Che	eck the highest grade comple	eted)				
High School 9 1	0 11 12 GED	College 1 2 3 4				
WORK EXPERIENC	E – CURRENT/PREVIOUS	(Attach resume if available)				
	yer's Name	Job Title	Dates:			
Address & Telephone		& Duties	From & To			

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				
Computer Skills/Software Prrograms:					
Language(s) Spoken:					

GENERAL INFORMATION

Please list previous or current volunteer work.

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

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

Consumer Counseling	Special project research	Legal Research
Community Outreach	Casework	Training
Marketing/public relations	Investigations	Computer
Clerical office support	Translating	

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

f yes, explain:				
REFERENCES (Please prov	ide two non-family re	ferences)		
Name	Address	Phone	Relationship	
EMERGENCY & MEDICAL	CONTACT			
Name:		Relationship:		Phone:
Doctor's Name:		Medical Coverage:		Phone:
I understand and agree that du solicit as a client any person c				
I hereby certify that all stateme Los Angeles to contact my refe			est of my knowledge a	nd authorize the County o
Volunteers and interns cannot if, in the sole judgment of the I	work in the same div Department, it would	vision as a family member be in our best interest or	r. We reserve the righthose we serve.	nt to decline an applicant
		Date		
Signature				

County of Los Angeles Department of Consumer Affairs
Volunteer/Internship Coordinator
500 West Temple Street, Room B-96
Los Angeles, CA 90012
ehernandez@dca.lacounty.gov
(213) 687-0233 Fax

Please mail or email the completed application to: