



County of Los Angeles  
**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

12860 CROSSROADS PARKWAY SOUTH • CITY OF INDUSTRY, CALIFORNIA 91746  
Tel (562) 908-8400 • Fax (562) 695-4801



SHERYL L. SPILLER  
Director  
ANTONIA JIMÉNEZ  
Acting Chief Deputy

Board of Supervisors  
HILDA L. SOLIS  
First District  
MARK RIDLEY-THOMAS  
Second District  
SHEILA KUEHL  
Third District  
JANICE HAHN  
Fourth District  
KATHRYN BARGER  
Fifth District

## Youth Volunteer Program

Dear Youth Volunteer,

Welcome and thank you for choosing to volunteer with the Los Angeles County Department of Public Social Services (DPSS). We are pleased to introduce you to our team of volunteers. We believe volunteers are a vital part of achieving our goal; "To Enrich Lives through Effective and Caring Service."

Our volunteers gain work experience and skills, build self-esteem and self-confidence, meet new people and make a difference in the community. Opportunities range from assisting customers in our public reception areas to creating spreadsheets and graphs. We hope that you find the duties of your particular job description to be fulfilling and that your volunteer experience with the Department of Public Social Services (DPSS) is a rewarding one.

All Volunteers:

- Complete a personal background/fingerprinting and reference check
- Complete a DPSS confidentiality agreement
- Must be at least 16 years old

The DPSS Youth Volunteer Services Program is committed to creating volunteer opportunities of true value for students from Los Angeles County. Volunteers will be dedicating their time for the betterment of families and the community.

Enclosed you will find a list of the different volunteer opportunities and the application packet required to register as a *DPSS Youth Volunteer*. Please return the application and forms to the Volunteer Program by mail at 2615 South Grand Ave., 2<sup>nd</sup> Floor, Los Angeles, CA 90007, via fax (213) 743-9998 or via email [dpssvolunteers@dpss.lacounty.gov](mailto:dpssvolunteers@dpss.lacounty.gov).

Thank you for your interest in our program. If you have any questions or comments, please contact the Volunteer Coordinator at (213) 744-4348 or e-mail [dpssvolunteers@dpss.lacounty.gov](mailto:dpssvolunteers@dpss.lacounty.gov).

Sincerely,

Marcia Blachman-Benitez  
Director, Toy Loan & Volunteer Services Program

**"To Enrich Lives Through Effective And Caring Service"**



## Youth Volunteer Program

Thank you for your interest in volunteering!  
**DPSS** has many opportunities for your participation.

### **VOLUNTEER/INVOLVEMENT OPPORTUNITIES**

**Case/Office Assistant:** Help with a variety of tasks in DPSS. Volunteer assignments vary based on the skills, background, interests, and time commitment of the volunteer and the need of the office.

**Toy Loan Outreach Volunteer:** Assist DPSS in its participation in various community activities in an effort to heighten public awareness of the Toy Loan Program.

**Adopt-A-Family:** Groups and individuals provide families in need with holiday baskets and other gifts of clothing, toys and food items through matches arranged by DPSS.

**Special Projects:** Provide help through a group or individual project based on individual skills or interests such as a club providing services to DPSS participants. Volunteers may also participate in a variety of outreach events promoting enrollment in DPSS programs.

### **LOCATIONS**

Volunteer sites are available throughout Los Angeles County.

**Please contact our office with any questions or concerns.**

Los Angeles County Department of Public Social Services

Toy Loan and Volunteer Services

2615 South Grand Avenue, 2<sup>nd</sup> Floor

Los Angeles, CA 90007-2608

Tel: (213) 744-4348

Fax: (213) 743-9998

Email: [DPSSVolunteers@dpss.lacounty.gov](mailto:DPSSVolunteers@dpss.lacounty.gov)



# Youth Volunteer Application

Please print clearly and complete all sections.

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

Are you between the ages of 16 and 17?  Yes  No  
If over the age of 18 years old, please use the adult volunteer application.

Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Number Street Apartment

\_\_\_\_\_  
City State Zip

Email \_\_\_\_\_

Current telephone \_\_\_\_\_  
Home Cell

When is the best time for the volunteer office to reach you?  a.m.  p.m.

Other language(s) spoken \_\_\_\_\_

Do you or your family currently receive assistance through the Department of Public Social Services?  Yes  No

- If yes, what office location? \_\_\_\_\_

Please indicate your first (#1) and second (#2) choices of office locations for which you are available to work in:

\_\_\_\_\_  
First choice (#1) Second choice (#2)

Please indicate the days you are available to volunteer

	Mon	Tue	Wed	Thurs	Fri
<b>A.M. Shift</b> (8:00 a.m. – 12:00 p.m.)					
<b>P.M. Shift</b> (1:00 p.m. – 5:00 p.m.)					

How did you hear about volunteer opportunities at the Department of Public Social Services?

- DPSS Employee  DPSS Volunteer Website  Volunteer Match Website  Other \_\_\_\_\_

## Youth Volunteer Application (continued)

Why would you like to volunteer with the Department of Public Social Services?

---

---

---

Describe any hobbies, skills, science/ engineering/ technology, projects or special interests:

---

---

---

---

### Education

School Currently Attending \_\_\_\_\_

School Name

Address

Current grade

---

### Employment/Volunteer History

Please list any previous work, volunteer, or intern experience. Begin with your most recent employment.

Employer/Organization

Position held

Dates

Employer/Organization

Position held

Dates

---

Applicants Signature

Date

Applications may be **faxed to:** (213) 743-9998

Or

**Emailed to:** [dpssvolunteers@dpss.lacounty.gov](mailto:dpssvolunteers@dpss.lacounty.gov)

Or

**Mailed to:**

Los Angeles County Department of Public Social Services  
Toy Loan and Volunteer Services  
2615 South Grand Avenue, 2<sup>nd</sup> Floor  
Los Angeles, CA 90007-2608



Los Angeles County Department of Public Social Services  
Volunteer Services



## Parental Consent Form

Dear Parent or Guardian of:

---

Youth Volunteer Applicant's Full Name

Your child is applying for one of the following volunteer positions at Los Angeles County Department of Public Social Services:

<input type="checkbox"/> <b>General Youth Volunteer (Ongoing)</b> <ul style="list-style-type: none"> <li>If he/she wishes to volunteer at least four (4) months.</li> </ul>	<input type="checkbox"/> <b>Summer Youth Volunteer (Temporary)</b> <ul style="list-style-type: none"> <li>If he/she wishes to volunteer for the summer only, we ask that he/she be available from May through September.</li> </ul>
---	---

Please return this signed form to your child so that he/she can include your consent as part of the application. He/she will not be considered for volunteering until this form is received by our office.

- I understand that my child is applying for a volunteer position with the Los Angeles County Department of Public Social Services, and I do not foresee any reason that my child cannot participate fully in this program.
- My child will be unavailable on these specific dates: \_\_\_\_\_ because of the following reason(s).
- Vacation     Camp     Classes     Other: \_\_\_\_\_

If your child needs medical care while participating in this program, I hereby authorize DPSS to obtain such treatment and the physician selected by DPSS to render necessary and appropriate treatment. **I understand that I shall be responsible for any cost incurred for this treatment.**

---

Doctors Name	Address	Telephone
--------------	---------	-----------

---

Emergency contact Name	Address	Telephone
------------------------	---------	-----------

---

Parent/Guardian Signature	Date
---------------------------	------

---

Parent/Guardian Phone Number

**Please contact our office with any questions or concerns.**  
 Los Angeles County Department of Public Social Services  
 Toy Loan and Volunteer Services  
 2615 South Grand Avenue, 2<sup>nd</sup> Floor  
 Los Angeles, CA 90007  
 Tel: (213) 744-4348  
 Fax: (213) 743-9998  
 Email: [DPSSVolunteers@dpss.lacounty.gov](mailto:DPSSVolunteers@dpss.lacounty.gov)



## Abuse Reporting Form

### DPSS YOUTH VOLUNTEER PROGRAM

### CHILD ABUSE, ELDER AND DEPENDENT ADULT ABUSE REPORTING LAW RESPONSIBILITY

As an individual volunteer or volunteer group member of this Department you are required by law, to report any known or suspected incidents of child abuse, elder or dependent adult abuse.

“Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non- medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been a victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.”

“Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective service agency or a local law enforcement agency who has knowledge of, or observes an elder or dependent adult in his or her professional capacity or within the scope of his or her employment, who he or she known has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse, where the elder or dependent adult’s statements indicate, or in the case of a person with development disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred to report the known or suspected instance of physical abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 2 work days of receiving information concerning the incident.”

You and/or your group member’s report of abuse must be made immediately. Incidents of known or suspected child abuse must be made to the child abuse hotline at **(800) 540-4000**. Incidents of known or suspected elder or dependent adult abuse occurring in Long Term Care (LTC) facilities must be reported to the county LTC ombudsman at **(800) 334-WISE**. Instances or suspicions of elder abuse occurring anywhere else must be reported to the elder abuse hotline at **(800) 992-1660**.

I HAVE READ AND UNDERSTAND THIS STATEMENT AND WILL COMPLY WITH ITS PROVISIONS. I HAVE RECEIVED A COPY OF THIS SIGNED STATEMENT.

---

**PRINT Name of Volunteer**

**Date**

---

**Volunteer Signature**



Los Angeles County Department of Public Social Services  
Volunteer Services



## Photo Consent and Release

Occasionally we photograph participants from our programs and or special events for use in volunteer newsletters, video productions, publications, bulletin boards, and/or for other public information or training purposes.

This Consent and Release authorizes the Department of Public Social Services to use your image and/or voice.

**Minors:** If you are under age 18, we will also need to have your parent or guardian consent and signature.

**RELEASE:** I consent to the non-profit use of my image and/or voice and that of my family as indicated below for training or public information purposes. I release Los Angeles County or its officers from liability for this purpose.

---

Minor Signature

Date

---

Minor Name (Print)

Minor Phone Number

---

Parent/Guardian Signature

Date

---

Parent/Guardian (Print)

Parent/Guardian Phone Number



Los Angeles County Department of Public Social Services  
Volunteer Services



## Confidentiality Agreement

### Volunteer Acknowledgement of Confidentiality Agreement and Conflict of Interest Policy

Please read the following agreement and initial the commitments outlined below:

The records and information of all applicants/recipients (clients) of public assistance or services are confidential. Pursuant to California Welfare and Institutions Code section 10850, you are prohibited from obtaining, releasing, or using confidential client information from case records or computer records for any purpose not specifically related to the administration of public assistance or services authorized by state public assistance regulations or your Office Volunteer Liaison. If you violate confidentiality while volunteering for Los Angeles County, the County of Los Angeles may seek legal action against you and you may be subject to civil and/or criminal penalties. If you are in doubt, discuss the matter with your Office Volunteer Liaison before acting.

As a volunteer of the Department of Public Social Services (DPSS), you might be involved with work pertaining to County services and might have access to confidential data pertaining to persons and/or other entities that receive services from the County of Los Angeles. The County of Los Angeles has a legal obligation to protect all confidential data, especially data concerning welfare recipient records. If you are to be involved in County work, the County must ensure that you will protect the confidentiality of all data. Consequently, you must sign this confidentiality agreement as a condition of your volunteer assignment with the Department of Public Social Services.

I hereby agree that I will not divulge to any unauthorized individual personal data obtained while performing work pursuant to this agreement between the Department of Public Social Services and myself.

\_\_\_\_\_  
Initials

I agree to forward all request for confidential information to my immediate County Supervisor. Although I might have access to this information, I agree that I cannot release such information as it is in violation of this confidentially agreement.

\_\_\_\_\_  
Initials

In the event that I become aware of any violation of this confidentiality agreement by any other person or myself, whether intentional or unintentional, I agree to report such violation immediately to my County Supervisor.

\_\_\_\_\_  
Initials

I agree to forward all requests for the release of information received by me to my County Supervisor.

\_\_\_\_\_  
Initials

I agree to report any and all violations of the above by any other person and/or by myself to my County Supervisor.

\_\_\_\_\_  
Initials

I agree that I must return all confidential materials to the Office Volunteer Liaison upon termination of my volunteer assignment with the Department of Public Social Services.

\_\_\_\_\_  
Initials

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and penalties and that the County of Los Angeles will seek all possible legal redress.

\_\_\_\_\_  
Initials

I understand that I might gain access to my own, relatives', friends' or acquaintances' case records. I acknowledge that I cannot access these records at any time and, if I gain such access or become involved in working on any of these records, I will notify my County Supervisor immediately.

\_\_\_\_\_  
Initials



**CONFLICT OF INTEREST POLICY**

**ASSISTANCE OR SERVICE PROGRAMS ADMINISTERED BY THE DEPARTMENT OF PUBLIC SOCIAL SERVICES INCLUDE:**

Adult Protective Services (APS)  
CalWork's  
General Relief (GR)  
Medi-Cal  
CalFresh

In-Home Supportive Services (IHSS)  
Refugee Resettlement Program (RRP)  
Refugee Cash Assistance (RCA)  
Special Circumstances (SC)

**During the time that I am volunteering on the behalf of the Department of Public Social Services, I agree to report to the Office Volunteer Liaison immediately that my parent is/will be [within the last (30) days] receiving public assistance. I understand that I might gain access to my own, relatives', friends' or acquaintances' public assistance records. I understand that I cannot access any of these records, and if I gain such access or become involved in working on any of these records, I will notify my County Supervisor immediately.**

I understand that I am to report any of the following relationships and that the County will screen volunteers to ensure that reporting responsibilities are being met and that I shall have no access to my public assistance records or the records of any friends, relatives, business relations, personal acquaintances, tenants, or any individuals whose relationship could reasonably sway my conduct or performance during my volunteer assignment. Access includes, but is not limited to determining eligibility for public assistance, transmitting computer data, and physical possession of financial documents.

HOWEVER, IT IS MY RESPONSIBILITY TO BE AWARE OF POSSIBLE CONFLICTS OF INTEREST AND TO IMMEDIATELY NOTIFY THE OFFICE VOLUNTEER LIAISON IN WRITING SO THAT IT CAN BE DETERMINED BY THE COUNTY OF LOS ANGELES WHETHER OR NOT SUCH A CONFLICT EXISTS. PLEASE NOTE: YOUR REPORT WILL BE HELD IN STRICT CONFIDENCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Assigned Office & Position \_\_\_\_\_