



*Solano County District Attorney's Office*  
**Volunteer Program**

675 Texas Street, Suite 4500, Fairfield, CA 94533  
 (707) 784-6800 Fax: (707) 784-7986 solanoda@solanocounty.com

## Application

Position of Interest: <b>Deputy District Attorney</b> <b>Other:</b>		<b>Intern/Law Clerk</b>	Date:	Office Use Only		
				Code	Date of Ref.	Status
First Name:		Last Name:				
Address:						
City:		State, Zip Code:				
E-mail address:						
Home Phone:		Cell Phone:		Work Phone:		
<b>GOALS through volunteering</b> (contribute to the community, gain work experience, school credit...)						
<b>VOLUNTEER EXPERIENCE</b> (Summarize your volunteer history, if applicable)						
<b>WHY DO YOU WANT TO VOLUNTEER WORK?</b> (Example: new/improve skills, meet new people, school credit, community service)						
<b>SUMMARIZE YOUR WORK HISTORY</b>						
Current job title & employer:						
Employer address:						
Brief description of present duties:						
Brief summary of employment history:						

**EDUCATION**

High School: 9 10 11 12 College: 1 2 3 4

Graduate School Degree in

If enrolled, school now attending:

Major: List any degrees previously earned:

Special Trainings/Licenses, Professional Registration and/or Skills:

**TIMES AVAILABLE**

Number of hours per week:

Check Days available:

Availability: (Please select one)

(Morning)

S M T W TH F S

Ongoing  Short Term

(Afternoon)

S M T W TH F S

1 Semester  School Year

Summer Only

**INTEREST OR HOBBIES**

**FLUENT LANGUAGES (other than English) - include signing for the deaf if applicable)**

**Language**

Read Speak Write

**Language**

Read Speak Write

For all assignments, volunteers must provide their own transportation.

Do you have a valid CA driver's license?  Yes  No Do you have auto insurance?  Yes  No

CA Driver's License #: Expiration date:

Have you been put on probation or has your driver's license been suspended or revoked within the last 5 years?

Yes  No If yes, please explain:

**BACKGROUND CHECKS**

All positions require a background check, please answer the following questions:

1. Have you ever been convicted of a felony?  Yes  No  
(A conviction record may not be necessarily disqualify you for volunteer work)

2. Have you ever been convicted of a misdemeanor? Yes No  
If yes, please explain:

3. Do you have community service hours assigned by the court? Yes No # of hours

If selected, a Personal History Statement will need to be submitted for a background.

**HOW DID YOU LEARN ABOUT THE PROGRAM?**

- County Employee
- County Volunteer
- Other Newspaper:
- Posted Bulletin
- School:
- Website - District Attorney County Volunteer Webpage
- Other:

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or/guardian if volunteer is a minor \_\_\_\_\_

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Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Departmental Volunteer Coordinator's comments:

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