

Solano County District Attorney's Office Volunteer Program

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## **Volunteer Commitment Form**

Position of Interest: District Attorney Volunteer Atto Other:	orney Intern/Law Clerk	Social Security No:
First Name:	Last Name:	
Address:		E-Mail Address:
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
RESPONSIBILITIES OF VOLUNTEER:		
<ol> <li>Fulfill Commitment, as listed on schedule.</li> <li>Report number of hours worked.</li> <li>Serve in capacity as described.</li> </ol>		
Description of volunteer assignment:		
TIMES AVAILABLE		
Number of hours per week:	Check Days available:         (Morning)         S       M         T       W         TH       F         S       S	Availability: (Please select one) Ongoing Short Term 1 Semester School Year Summer Only
Duration of Volunteer Commitment:		
Starting Date: Time: Final Date:		
As a volunteer, I agree to perform the tasks outlined in my volunteer assignment to the best of my ability. I recognize that I am serving at the pleasure of the department head and am not an employee of the County of Solano. I waive any rights to receive salary, wages, fees, fringe benefits, or other compensation for the work I will be performing.		
Signed:	:Signed:	
On Site Supervisor	Volunteer	
Signed:		
Departmental Volunteer Coordinator		