



AVAILABILITY

1. Please indicate the days/times you will be available from June 22 – July 31, 2026:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

2. Please indicate the dates you will be unavailable between June 22 – July 31, 2026:

3. Please select your 1st, 2nd, and 3rd choice for work site(s) you are most interested in.

Selection #1-3	City	Address
	Anaheim	2125 E. Katella Ave., Anaheim, CA 92806
	Anaheim	3320 E. La Palma Ave., Anaheim, CA 92806
	Garden Grove	12912 Brookhurst St., Garden Grove, CA 92840
	Laguna Hills	23330 Moulton Pkwy., Laguna Hills, CA 92653
	Orange	500 N. State College Blvd., Orange, CA 92868
	Santa Ana	1505 E. Warner Ave., Santa Ana, CA 92705
	Santa Ana	1928 S. Grand Ave., Santa Ana, CA 92705
	Santa Ana	2020 W. Walnut St., Santa Ana, CA 92703
	Orange	800 N Eckhoff St., Orange, CA 92868
	Brea	675 Placentia Ave., Brea, CA 92821



EMERGENCY CONTACTS

Please provide two emergency contact information in the event you become ill or have a personal emergency during your volunteer assignment.

	Name	Relationship	Home/Cell Number	Work Number
1				
2				

PERSONAL REFERENCES

	Name	Relationship	Primary Number	Secondary Number
1				
2				

By initialing below, I grant permission to County of Orange representatives to contact my references listed above and I authorize these references to provide requested information.

Yes _____ Applicant's Initials

Yes _____ Parent/Legal Guardian's Initials (If applicant is under the age of 18.)

VOLUNTEER GUIDELINES AND PROVISIONS

If accepted to a County of Orange volunteer program, I understand that I am not an employee of the County of Orange and have no expectation of compensation for services rendered. I understand that I am not covered by Workers' Compensation, nor am I entitled to any benefits provided to County employees and that my volunteer duties may be terminated at any time. I understand that I will only be reimbursed for any mileage or out-of-pocket expenses that have been previously authorized. I further understand that if authorized to use my own personal vehicle for any County business, I must maintain valid state-issued driver's license and insurance as required by law.

I agree to and hereby do release, waive, indemnify and hold harmless the County of Orange, its officers, agents and employees from any and all liability, damage or claim of any kind arising out of or relating to my service as a volunteer.

I hereby certify that all statements contained on this application form are true to the best of my knowledge, and that by signing this agreement, I understand and agree to the above volunteer guidelines and provisions.

Signature

Date

Parent/Legal Guardian's Signature
(If applicant is under the age of 18.)

Date

Parent/Legal Guardian's Printed Name

PLEASE RETURN APPLICATION TO:

ssateenvolunteers@ssa.ocgov.com

Or

Social Services Agency
Teen Volunteer Work Experience Program
1505 E. Warner Avenue Santa Ana, CA 92705
Attn: Lisbet Leal, Bldg. 15