County of San Bernardino
Department of Behavioral Health
Volunteer Services Program
Request Form

Contact Information

Name:_____   Date: _____

Program: _____   City: _____

Program Manager/Supervisor

Number of volunteers needed: _____

Length of time needed: _____ ☐ Day(s) ☐ Week(s) ☐ Month(s) Other:_____

Please check your preference: ☐ High School   ☐ Vocational/College Student

☐ No Preference

Volunteer will be performing: (check all that apply)

☐ Appointments	☐ Audit Error Reports	☐ Prepare Charts	☐ Coding	☐ Filing
☐ Insurance	☐ Posting	☐ Process Mail	☐ Invoicing/Billing	☐ Data Entry

☐ Other tasks: _____

_____

_____

_____

Complete form and send to:
Workforce Education and Training
Attn: Volunteer Services Coordinator
Mail Code: 0920
850 E. Foothill Blvd.
Rialto, CA 92376