



COUNTY OF LOS ANGELES  
**Child Support Services Department**



**STEVEN J. GOLIGHTLY, Ph.D.**  
 Director

**FESIA A. DAVENPORT**  
 Chief Deputy Director

**VOLUNTEER LAW CLERK APPLICATION**

Thank you for considering the Child Support Services Department as an opportunity for your volunteer activity. Please provide the following information:

APPLICANT INFORMATION		
LAST NAME	FIRST NAME	ALIAS
HOME ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS: (if different than home)		
CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATE NUMBER	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
EMERGENCY CONTACT NAME	RELATIONSHIP	

What semester/quarter will you be available for the volunteer activity: \_\_\_\_\_

Enter the hours you will be available for the volunteer activity below:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

If your volunteer assignment includes driving or operating a vehicle, please provide the following information:

DRIVER'S LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AUTO INSURANCE COMPANY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

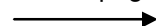
Please list your location preference based on the attached listing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any skills: (e.g. typing, computer, foreign language, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete the next page



## VOLUNTEER LAW CLERK APPLICATION, cont.

Select any of the following that describe your situation:

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Student                 | Location _____   |
| <input type="checkbox"/> Currently Employed      | Location _____   |
| <input type="checkbox"/> County Employee         | Department _____ |
| <input type="checkbox"/> Retired County Employee | Department _____ |

Have you ever volunteered with the County of Los Angeles Child Support Services?

- Yes  No

If yes, please complete the following:

TIME PERIOD YOU VOLUNTEERED	DIVISION (WORK LOCATION)	SUPERVISOR

Please list any Child Support Services Department Personnel and relationships with whom you are acquainted:

CHILD SUPPORT SERVICES EMPLOYEE NAME	RELATIONSHIP

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ON ANY ATTACHMENTS INCLUDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT(S) OF MATERIAL FACTS OR OMISSIONS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.**

\_\_\_\_\_ *Print Name*                      \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*

THIS SECTION TO BE COMPLETED BY THE VOLUNTEER PROGRAM COORDINATOR		
ASSIGNMENT INFORMATION		
INTERVIEW DATE	TIME	LIVE SCAN PROCESSED DATE
INTERVIEW PANEL		
POSITION	START DATE	
WORK LOCATION	SUPERVISOR	

**SUBMIT YOUR COMPLETED APPLICATION TO:**  
 COUNTY OF LOS ANGELES  
 CHILD SUPPORT SERVICES  
 ATTN: JILLIAN NEBAREZ, VOLUNTEER LAW CLERK COORDINATOR  
 5770 SOUTH EASTERN AVENUE  
 COMMERCE, CA 90040