

## COUNTY OF RIVERSIDE CODE ENFORCEMENT DEPARTMENT

Hector Viray Deputy Director TLMA – Code Enforcement

## **CODE ENFORCEMENT VOLUNTEER PROGRAM APPLICATION**

Name:Email Address:				
Mailing Address:		City, State, Zip:		
Telephone Numbers: Work:		Home:	Cell:	
Driver's License Number:	State	e: Are yo	ou at least 18 years of age?	
Assignment Location Preference: R	egional Field Office	Administra	tion, Riverside	
Availability to work: Monday Tu	esdayWednesda	yThursdayFri	day Hours from: to:	
EMPLOYMENT HISTORY/V	VORK EXPERIE	NCE:		
List all jobs you have held and per	riods of unemployme	nt in the past ten ye	ears. Put your PRESENT or MOST urther space is required. Attached sheets	
From:To:Month/Year	Title of your position:			
Name and address of employer:	Duties of position:			
Name of Supervisor:				
From:To:Month/Year	Title of your positio	n:		
Name and address of employer:	Duties of position:			
Name of Supervisor:				
From: To:	Title of your positio	n:		
Month/Year Month/Year  Name and address of employer:	Duties of position:			
Name of Supervisor:				
EDUCATION: High School:		Diploma received	Diploma received: or GED:	
College Attended:		Degree(s):		
			erence and one character reference.	
Reference Name (first and last):	Phone Nu	mber:	Relationship:	
Reference Name (first and last):	Phone Nu	mber:	Relationship:	