



Monterey County District Attorney Criminal Division

Please check what unit you wish to volunteer for:

- Investigations
 Legal Intern
 Victims of Crime

VOLUNTEER APPLICATION

Date _____ Email Address _____
 First Name _____ Last Name _____
 Street Address _____ City, State Zip Code _____, _____
 Home Phone (____) _____ Business Phone (____) _____
 Cell Phone (____) _____ Other Phone Number (____) _____
 Do you have a valid Driver's License?
 YES NO Driver's License Number _____

EDUCATION (Please circle last year completed.)
 High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4 Law School 1 2 3 4

WORK EXPERIENCE

VOLUNTEER EXPERIENCE

SPECIAL SKILLS OR TRAINING

Employer's name if presently employed _____
 Phone Number (____) _____
 Address _____ City _____ State _____ Zip Code _____
 Available Days M T W TH F Available Hours 8-12AM 1-5PM

REFERENCES:

Name _____
 Address _____
 Phone Number (____) _____

QUESTIONS: Please call Sherri at (831) 755-5470.	RETURN APPLICATION BY MAIL TO: SHERRI HALL OFFICE OF THE DISTRICT ATTORNEY POST OFFICE BOX 1131 SALINAS CA 93902
	OR FAX TO: FAX (831) 796-3389

Serving as a volunteer or intern is contingent upon the successful completion of a civilian background check. Thank you.