Submit Print Form

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:
☐ Consumer, family, or community member ☐ Student – Vocational
☐ Clinical – Licensed ☐ Student – College
☐ Administrative ☐ Student – High school

Complete form and send to:
Workforce Education and Training
Attn: Volunteer Services Coordinator
Mail Code: 0019
1950 S. Sunwest Lane, Suite 200
San Bernardino, CA 92415