

# STANISLAUS COUNTY JOB CERTIFICATION

I have read the Job Description for each position I have selected and certify that I am able to perform all necessary and essential job functions and duties as outlined in the Job Description(s).

I understand, if for any reason I become unable to perform the functions of my volunteer position, I should advise my supervisor and discontinue my volunteer job.

I further understand, if I am unable to perform my job, I may contact the Stanislaus County Volunteer Services Coordinator, at the Volunteer Center of United Way for possible placement in another volunteer position.

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Volunteer Signature

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County Volunteer Coordinator

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Parent Signature *(if volunteer is a minor)*

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Date

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Date