

Volunteer Application



Address: 1300 NW Wall Street, Suite 201, Bend, OR 97701

Supervisor: _____ Dept.: _____

Name: _____

Last
First
Middle

Mailing Address: _____

Street
City
State
Zip

Business Phone: () - _____ Home/Message Phone: () - _____

Oregon Driver's License #: _____

Yes No

- Are you a citizen of the United States or, if not, are you legally authorized to work in the U.S.?
- As an adult, have you ever been convicted of an offense other than a minor traffic violation? If 'yes', please explain below the nature, date, and location. _____

Please indicate (X) which of the following types of volunteer services you are willing to accept/are available for:

- Evening Volunteer Seasonal (Volunteer for the summer or winter seasons)
- Weekend Volunteer Other _____

REFERENCES:

1. _____

Name
Address
Phone #
Occupation
2. _____

Name
Address
Phone #
Occupation
3. _____

Name
Address
Phone #
Occupation

EDUCATION AND TRAINING: Do you have a high school diploma, GED or equivalent? Yes No

Please list all colleges, universities, military, trade, business or other schools attended.

School	Major	Total # Credits	Degree

SKILLS/ABILITIES: List any skills/abilities you have which are pertinent to the volunteer work you are applying for: _____

LICENSES/CERTIFICATES: List licenses or certificates you possess which may relate to the volunteer work you are applying for (i.e. driver's license, First Aid, CPR, etc.)

Title	Number	Issuing Agency	Date Issued	Date Expires

EXPERIENCE: Please list in chronological order, your complete work history, including paid and volunteer positions, military and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate. **A resume may be submitted but will not be accepted as a substitute for completing this section.**

Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	
Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	

Conditions of Volunteer Service - Deschutes County

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for service as a volunteer with Deschutes County.

I authorize Deschutes County to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify information provided on this Application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Deschutes County information concerning this Application, my background and my suitability for service as a volunteer with Deschutes County. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release Deschutes County and its elected officials, officers, employees and agents from liability for any use or disclosure for purposes related to consideration of my Application to serve as a volunteer with Deschutes County, of any information obtained related to my Application.

I further understand and agree that I may be required to undergo a personal background check for certain volunteer positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Deschutes County Computer Clearing House files. I hereby authorize Deschutes County to conduct a personal background check, as deemed necessary for my position.

If selected as a volunteer for Deschutes County I will conform to the rules and regulations of Deschutes County. I understand and agree that my service as a volunteer can be terminated by Deschutes County at any time for any reason and that, as a volunteer, I have no expectation of or any right to any salary, wages or other employment benefits with Deschutes County.

As a volunteer for Deschutes County, you need to understand the extent to which you are not covered by Deschutes County Insurance. Please read the following carefully and sign below.

Motor Vehicle Liability: If you use a personally owned vehicle in the course of your volunteer service for Deschutes County, you are required to have and maintain minimum automobile liability insurance required by the State of Oregon Financial Responsibility law. You must provide verification of vehicle insurance to the department responsible for supervising your volunteer service. These levels of coverage will provide you primary coverage for any accident involving your vehicle. You must be an Oregon licensed driver in good standing and meet Deschutes County's driver standards to drive as part of your volunteer service.

Medical/Disability Insurance: Workers' Compensation benefits are not provided. It is your responsibility to provide your own personal medical insurance coverage. Accident insurance may be provided by Deschutes County, which may provide benefits after claims are first submitted to your insurance carrier. As a volunteer, you assume ultimate responsibility for medical, dental and vision bills incurred while performing volunteer service.

Reporting Responsibility: If you are involved in an accident while performing volunteer duties for Deschutes County, you must inform the person in the County responsible for overseeing your volunteer service of the accident within 24 hours from the time of the accident unless you are unable to do so because you are incapacitated or due to other emergency circumstances reasonably beyond your control.

Department to report to: _____ Supervisor: _____

Assigned Duties: _____

Will your duties include driving? Yes No **If yes, list your driving convictions for the past three (3) years:**

Will duties require driving your personal vehicle? Yes No **If yes, please list your insurance company and expiration date of your automobile policy:**
Automobile Insurance Company: _____ Expiration Date: _____

In case of emergency, please notify: _____
Name Home Phone Work Phone

I have read, understand and agree to the *Conditions of Volunteer Service, Motor Vehicle Liability, and Medical/Disability Insurance* sections set forth above.

Signature

Date

If the volunteer is under the age of 18, the volunteer's parent or guardian must approve the minor's volunteer service. As the parent or guardian of the volunteer listed above, for myself and my minor child, I have read, understand and agree to the *Conditions of Volunteer Service, Motor Vehicle Liability, and Medical/Disability Insurance* sections set forth above. Through the signature below, I authorize Deschutes County personnel to transport my minor child for and to obtain emergency medical care or treatment for my minor child, if required.

Signature of Parent or Guardian

Date

Signature of Agency Supervisor

Date

VOLUNTEER INFORMATION

(Date Completed)

(First)

(Middle Initial)

(Last)

Email: _____

(Please provide your email address if you have one)

EMERGENCY CONTACT INFORMATION

Please provide at least one:

(First)

(Last)

(Contact Number or Numbers including area code)

(First)

(Last)

(Contact Number or Numbers)



Department of Personnel

1300 NW Wall St, Suite 200, Bend, OR 97701-1960
(541) 388-6553 - Fax (541) 330-4626
www.co.deschutes.or.us

Consent Form to Request Information for a Criminal Background Check

I understand that Deschutes County will conduct a criminal history background check as part of the procedure for processing my application for employment.

I understand that Deschutes County will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Deschutes County Personnel Office representatives within three (3) business days of receipt of the report. If I notify Personnel within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making employment decisions.

Caution – Read Before Signing

I hereby consent to the criminal history background check as described above and authorize Deschutes County to obtain reports concerning my background as stated above. I hereby release Deschutes County, its officers, agents and employees from any and all liability related to Deschutes County using my criminal background information to make employment decisions.

Signature of Applicant _____ Date _____

Print FULL Name _____
(First) (Middle) (Last)

Social Security No.: _____ Date of Birth _____

Driver's License Number _____ State of License _____

Position Applied For _____ Department _____

Deschutes County is authorized to conduct criminal history background checks on job applicants pursuant to Deschutes County General Policy. You may request a copy of this policy from the Personnel Department. Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.

CONFIDENTIALITY AGREEMENT

DESCHUTES COUNTY EMPLOYEE OR VOLUNTEER

Deschutes County employees and volunteers have an obligation to safeguard confidential information and records to which they have access or become aware of during the performance of their job duties. Confidential information is information, which is private, or which the law prohibits disclosure of to unauthorized persons. For example, medical records, mental health records, personal information and financial records of individuals and businesses are confidential.

It is important that you understand your obligation to maintain the confidentiality of information and records you may access or become aware of while volunteering for Deschutes County. Improper disclosure or release of confidential information or records can be damaging or embarrassing and can result in personal legal liability or criminal penalties. Also, any employee or volunteer who improperly uses, discloses or releases confidential information or records will be subject to disciplinary action, up to and including termination of employment or volunteer status with Deschutes County. Except as is necessary to perform official work for Deschutes County, no employee or volunteer of Deschutes County is authorized to use, disclose or release any information or records to which the employee or volunteer has access or becomes aware of during his or her work for Deschutes County without the express approval of the employee's or volunteer's supervisor or Department Head.

As an employee of or volunteer with Deschutes County, you need to agree to abide by the laws and policies governing confidentiality by signing this Confidentiality Agreement. If, at any time, you have any questions regarding confidentiality laws or policies or regarding your obligation to maintain the confidentiality of any information or records, you are to contact your supervisor, Department Head or Deschutes County Legal Counsel.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT, AS AN EMPLOYEE OF OR VOLUNTEER WITH DESCHUTES COUNTY, I HAVE A DUTY TO ABIDE BY THE LAWS AND POLICIES REGARDING CONFIDENTIAL INFORMATION AND RECORDS AND THAT I WILL ABIDE BY THOSE LAWS AND POLICIES. I FURTHER UNDERSTAND AND AGREE THAT, IF I IMPROPERLY USE, DISCLOSE OR RELEASE CONFIDENTIAL INFORMATION OR RECORDS, I WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT OR VOLUNTEER STATUS WITH DESCHUTES COUNTY.

Employee or Volunteer (Print)

Signature

Date