

Volunteer Application



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

Supervisor: BOB MOORE Dept.: COPY/JAIL

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Home/Message: (____) _____ - _____ Cell Phone: (____) _____ - _____

Oregon Driver's License #: _____ Email: _____

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: COPY/JAIL Supervisor: Bob Moore

Assigned Duties: See job description

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