



Douglas County

VOLUNTEER APPLICATION

Douglas County (DC) Is An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: _____ Telephone: (____) _____ Date: _____

Address: _____
(Street) (City) (State) (Zip Code)

Are you 16 years of age or older? Yes No

Volunteer Position Applying For: _____ Department: _____

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand the job requirements? Yes No

Are you currently employed by DC in any capacity? Yes No

If Yes, what department? _____ Job title: _____

If you are not a current employee of DC, have you previously worked for DC? Yes No

If Yes, in what capacity and when? _____

Days Available to work as a volunteer (Circle All That Apply) M T W T F S S

Driver's License Number: _____ State: _____ Expiration Date: _____
(Optional, unless required for the position for which you are now applying.)

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes No
(A conviction or guilty plea will not necessarily disqualify you from volunteer work with DC.)

If yes, list all such offenses and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Have you ever been disciplined in your employment related to workplace violence? Yes No

If yes, please explain: _____

Do you presently use illegal drugs? Yes No

Signature of Applicant: _____ Date: _____

HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT

Provide information regarding paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent experience. It is only necessary to list volunteer work, training, employment, or military service which relates to the activities for which you are offering to volunteer. Use additional sheets if necessary.

May we contact the employer listed? Yes No

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ Paid or Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ Paid or Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ Paid or Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ Paid or Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, please contact: _____

This is an application for a volunteer position. Application for paid positions must be made on a separate, DC application form.

I authorize DC to contact any employer or individual that I have listed on my volunteer application and/or résumé or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for volunteering with DC.

In exchange for DC's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to DC upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including DC, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from DC. I recognize that I will not receive nor do I expect compensation for the services I am offering. It is not my purpose or my expectation that my services are in preparation for employment with DC.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Signature of Applicant: _____ Date: _____



Douglas County

VOLUNTEER RELEASE OF LIABILITY

(Please Print)

Adult

Child

Name of Participant: _____ Sex: _____

Are you at least 18 years of age? Yes No
If no, Please state your age: _____

Address: _____
(Street / PO Box) (City) (State) (Zip)

Phone Numbers: _____
(Day Phone) (Evening Phone) (Cell Phone)

Email: _____ Fax Number (if applicable): _____

Position Volunteering: _____ Inclusive Dates: _____

In reference to this waiver and release, it is understood that Douglas County is a governmental entity formed under

Assumption Of Risk. I understand that there are inherent risks in the activity I am volunteering for and that anyone participating in such an activity may be exposed to the risk of bodily injury and/or property damage due to the nature of such activities. I acknowledge that I have read and have initialed the inherent risks noted on the back of this waiver and release and I agree to assume such risks for myself of this activity.

RELEASE OF LIABILITY. I hereby, for myself, for my minor, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** Douglas County, the organizers and/or sponsors of this activity, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my or my minor child's participation in this activity.

Declaration. I declare that I have read and understand the contents of this form including the inherent risks noted on the back of this form. I am aware that this is a **RELEASE OF LIABILITY** and a contract between myself. /minor child noted above and DC and sign it of my own free will.

Name of Participant (Parent / Guardian if Volunteer is a Minor): _____
(Please Print)

Signature: _____ Date: _____

(Over)

THIS IS A RELEASE OF LIABILITY

INHERENT RISKS IN THE ACTIVITY AS NOTED

The inherent risks of _____ are hereby defined, but not limited to this definition, as those dangers or conditions, which are an integral part of the activity. Inherent Risks defined are:

Such inherent risks can result in personal, bodily injury including death and/or property damage.

I acknowledge by my initials below that I have read and understand the inherent risks of this activity and do hereby accept the inherent risks noted above.

(Initial of Participant or parent/guardian of minor child)



Douglas County

VOLUNTEER Agreement & Emergency Contact Information

(Please Print)

Volunteer Agreement

Name of Volunteer _____

In reference to this Agreement, it is understood that Douglas County is a governmental entity.

The volunteer agrees to volunteer his/her services to Douglas County in the position of:

_____	for	_____
Position		Department
_____		_____
Date Agreement Begins		Date Agreement Ends

Volunteer agrees:

- 1) To perform this service for Douglas County for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered;
- 2) To offer this service freely and without pressure or coercion, direct or implied, from Douglas County; and
- 3) That he/she is not employed by Douglas County to perform the same type of services as those for which he/she is agreeing to volunteer.

Volunteer realize that Douglas County is depending on his/her services. If for a serious reason, the volunteer cannot keep this commitment, the volunteer will notify his/her supervisor in advance.

Emergency Contact

Volunteer understand that the following information will only be used to contact the designated person listed below in a medical or incident emergency by the business staff listed above. Volunteer further understand that the above business may furnish first aid care, including but not limited to, transportation of volunteer by paramedical personnel to a facility where defined medical care can be provided at no expense to the listed business.

Emergency Contact _____ Relationship to Volunteer: _____
(Please Print Name)

Emergency Contact Number: _____ Please ✓ one: Cell Phone Home Phone

Signature: _____ Date: _____
(Of Volunteer)