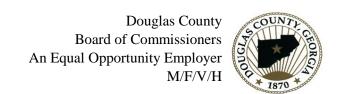
Volunteer Application



Douglas County appreciates your interest in volunteering. From helping County Administrative staff to outdoor activities to general assistance with the public needs, your community involvement is greatly appreciated. Race, religion, gender, national origin, age, veteran and marital status are not considered in the selection of Douglas County volunteers.

For the benefit of our children, employees and citizens, all applicants must complete a volunteer application and consent form for a background check.

Department Applying to:	Date:	Date:		
Position Applying for:				
Referral Source: Adv	ertisement Self-Interest Email	□ Friend/R	elative	
Is this a service for a Service Pro If <i>yes</i> , for what Service Pro	□ Yes	□ No		
PLEASE PRINT CL	EARLY			
Name:				
Last	First	Middle		
Address: Number Street	City	State	Zip Code	
Primary Phone: ()	Alternate: ()	•	
Email Address:		·		
Employment Reference:	Please include most recent or current employer.			
Organization/Company Name		Start Date	e End Date	
Street Address	City	State	Zip Code	
Position	Supervisor's Name	Phone		
Personal References:	Please include those who have known you at least thr	ee years and who are not re	lated to you.	
Last Name First	Middle	Phone		
Street Address	City	State	Zip Code	
Last Name First	Middle	Phone		
Street Address	City	State	Zip Code	
Have you ever been convicted o	of a felony?*	□ Yes	□ No	
If yes,				
County of convicts	ion State	Date		
Offense:				
Have you ever been or are you c	□ Yes	□ No		
*Answering "Yes" to the at	bove questions does not constitute automatic rej	ection from volunteering	Ţ.	

Interests and Skil	<u>lls:</u>					
Programs/Positio Availability:	~		unteer for: □ Lunch 11-2 □ Tuesday	□ Afternoo		Evening 5-8 ay 🗆 Friday
I would like to wo **Hours may			hours per week ocation; your Depa		euss actual hours av	ailable.
Emergency Conta	act:					
Last Name	First	Middle			Phone	
Street Address			City		State	Zip Code
 I agree to hold activities. This consequential d I understand that I certify and att I authorize the grant permissio continued invol 	al harassment, pro Douglas County h s includes claims for lamages. at Douglas County test that all answer Douglas County B on for them to retri-	oper attire and cus armless from any or bodily injury, p or reserves the right is here are true and board of Commissi eve my criminal a atteer.	tomer service. claims resulting from ersonal injury, loss, th t to remove me from d complete to the best ioners to investigate a	wy participation heft, personal provided the volunteer status was of my knowledge all statements and record as a conditional c	answers within this aption of my volunteer s	unty programs and income or any out reasons.
Signature	of Applican	t		Date S	Signed	
		FOR DI	EPARTMENT U	SE ONLY		
Depart	ment		Interviewed by (print	t)	Interviewer'	s Signature
Date of the Date o			Volunteer Position		Department He	ad's Signature
Appro	ved?	□ Yes	□ No			



DOUGLAS COUNTY BOARD OF COMMISSIONERS

CONFIDENTIAL CONSENT FORM

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal/driver's record as a condition of **Employment/continued Employment** and/or **Volunteering/continued Volunteering** and/or **Internship/continued Internship** with Douglas County Government.

PLEASE PRINT CLEARLY

	Print Full Name (No Initials)		
	City, State and Zip Code		
	·		1
Social Security Number	Date of Birth		Driver's License Number/State
Applicant's Signature			Date
Please Check One:	□ Male		Female
Please Check One:	□ White/Caucasian□ Hispanic□ American Indian/Alaska		Black/African American Asian/Pacific Islander Native
Please check if any are applicable:	□ Disabled Veteran□ Handicapped Individual		Vietnam Era Veteran
FOR HUMAN R	ESOURCES DEPARTM	IEI	NT USE ONLY
Department:	Position:		
□ Driving			
□ Not Driving			
Start Date:			
			

Date

Human Resources Signature