

Volunteer Application

Douglas County
Board of Commissioners
An Equal Opportunity Employer
M/F/V/H



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: _____

Position Applying for: _____

Referral Source: Advertisement Self-Interest Email Friend/Relative
 Other _____

Is this a service for a Service Project for a School or Youth Group? Yes No
If yes, for what Service Project at which School/Youth Group? _____

PLEASE PRINT CLEARLY

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 _____ End Date _____

Street Address _____ City _____ State _____ Zip Code _____

Position _____ Supervisor's Name _____ Phone _____

Personal References: Please include those who have known you at least three years and who are not related 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 of a felony?* Yes No

If yes, _____
County of conviction State Date

Offense: _____

Have you ever been or are you currently a Registered Sex Offender?* Yes No

*Answering "Yes" to the above questions does not constitute automatic rejection from volunteering.

Interests and Skills:

Programs/Positions/Duties you would like to volunteer for: _____

Availability: Morning 8-11 Lunch 11-2 Afternoon 2-5 Evening 5-8
 Saturday Sunday Monday Tuesday Wednesday Thursday Friday

I would like to work approximately _____ hours per week.

***Hours may not be exact shifts within your location; your Department will discuss actual hours available.*

Emergency Contact:

Last Name	First	Middle	Phone	
Street Address	City		State	Zip Code

Applicant's Statement

- As a volunteer, I understand that I am not an employee of Douglas County and will not receive any direct or indirect compensation.
- I understand and agree to follow Douglas County's behavioral policies for Merit System Employees, which include but are not limited to, sexual harassment, proper attire and customer service.
- I agree to hold Douglas County harmless from any claims resulting from my participation as a volunteer for County programs and activities. This includes claims for bodily injury, personal injury, loss, theft, personal property damage, loss of income or any consequential damages.
- I understand that Douglas County reserves the right to remove me from Volunteer status without notice or without reasons.
- I certify and attest that all answers here are true and complete to the best of my knowledge.
- I authorize the Douglas County Board of Commissioners to investigate all statements and answers within this application and grant permission for them to retrieve my criminal and/or driving history record as a condition of my volunteer status and continued involvement as a volunteer.

Signature of Applicant

Date Signed

FOR DEPARTMENT USE ONLY

Department

Interviewed by (print)

Interviewer's Signature

Date

Volunteer Position

Department Head's Signature

Interviewer's Remarks: _____

Approved?

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)

Street Address

City, State and Zip Code

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

Black/African American

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

Please check if any are applicable:

Disabled Veteran

Vietnam Era Veteran

Handicapped Individual

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Department: _____

Position: _____

Driving

Not Driving

Start Date: _____

Human Resources Signature

Date