



JOSEPHINE COUNTY VOLUNTEER APPLICATION

Submit to:

Josephine County Human Resources

500 NW 6th Street, Dept 11

Grants Pass, Oregon 97526

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or other legally protected status.

Department Desired: _____ Date: _____
(It is not necessary to specify a particular department. If you do not specify a particular department, all departments that use volunteers will receive your application.)

NAME:	Last	First	MI
TELEPHONE:	Home	Cell	EMAIL ADDRESS
ADDRESS:	Street	City	State Zip Code
MAILING ADDRESS <i>(if different then above)</i>			

Have you ever volunteered for Josephine County before? Yes No

On what date would you be available to volunteer? _____

PREFERRED VOLUNTEER DUTIES
Date and Times Available: (Be specific):

PREVIOUS VOLUNTEER EXPERIENCE	
Organization:	Dates:
Organization:	Dates:
Organization:	Dates:

CURRENT EMPLOYMENT	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	

PRIOR EMPLOYMENT	
<i>Please include all employment within the last 10 years</i>	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	

EDUCATION			
HIGH SCHOOL – Name & Location (<i>city, state</i>)		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY:			
Name	City	State	Type of Degree (BA, MA, MBA)
Chief Undergraduate Subjects		Chief Graduate Subjects	
Other courses or training related to this type of volunteer work:			
Name & location of school	Subjects	Date Completed	

SKILLS, ACCOMPLISHMENTS, AWARDS, HOBBIES

Do you have a car available for use while volunteering? Yes No

Auto Insurance/Policy #: _____ Driver's License No. _____ Issuing State: _____

Do you have any driving violations? Yes No

Have you ever been convicted of any criminal acts? Yes No

Conviction will not necessarily disqualify an applicant from volunteering.

If yes, please explain: _____

PERSONAL REFERENCES	
Name:	Phone#:
Address:	Relationship:
Name:	Phone#:
Address:	Relationship:
Name:	Phone#:
Address:	Relationship:

EMERGENCY CONTACTS

Name: Address:	Phone#: Relationship:
Name: Address	Phone#: Relationship:

If you have a disability and require accommodations to perform your volunteer assignment, please indicate the needed accommodations: _____

Applicant's Signature: _____ Date: _____

A volunteer must be a minimum of 16 years old to qualify as a Josephine County Volunteer.

If under age 18: **Applicants under 18 must have parents sign below:**

_____ has my permission to work as a volunteer for Josephine County.

Volunteer's Name

Parent's Signature

Date

For Department Use:

Reviewed by: _____
Manager/Supervisor (Print Name)

Ext. No. _____

Signature: _____
Manager/Supervisor

Date: _____

Start Date: _____

INSURANCE COVERAGE AND RESPONSIBILITIES OF VOLUNTEERS

All volunteers will be provided a copy of their responsibilities.

Josephine County provides volunteers with certain insurance coverage as described below. Please read the following and sign below. If you have any questions, please ask your manager, supervisor, or Human Resources office.

General Insurance Coverage: Under certain circumstances, Josephine County will provide you with insurance coverage for bodily injury or property damage. This coverage is only available when:

1. Your actions are limited to only those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You perform your assigned duties reasonably and in good faith, and you do not act in a manner that is reckless, or with intent to cause harm.

The limits of this insurance coverage are provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

Worker's Compensation Coverage: County elects to provide Worker's Compensation coverage for volunteers of the Sheriff's Office Reserves and Search & Rescue.

Accident Insurance Coverage: The County also provides coverage for accidents sustained while performing services as a Registered Volunteer. This coverage is only available when the injury occurs as the result of an accident which happens while performing assigned volunteer duties. This coverage is secondary insurance; it will pay \$5,000 for accidental death or disability and for eligible medical expenses up to \$25,000 only after any other available insurance is applied toward the medical bill.

Automobile Insurance Coverage: County-Owned Vehicles: Under certain circumstances, if you have an accident while you are driving a County-owned vehicle to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage. The County will also pay for any damage to the County vehicle.

Personal Vehicles: Under certain circumstances, if you have an accident while you are driving your personal vehicle (or All Terrain Vehicle- ATV, specialty vehicle, aircraft, or other vehicle) to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage to others. ***The County, however, shall not provide any insurance coverage for damages to your vehicle.*** Payment of any claims by the County is secondary to your personal automobile insurance.

Any coverage for accidents while driving County-Owned vehicles or Personal vehicles is only available when:

1. You are driving as part of those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You drive in a reasonable, cautious, and prudent manner, and follow all applicable laws, with due regard for safety; *and*
3. You immediately report the accident to your manager or supervisor; *and*
4. You cooperate fully with County Risk Management and Legal Counsel.

The limits of this insurance coverage provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

Limitations: Josephine County will NOT provide you with insurance coverage, and you may be personally responsible for any bodily injury, property damage, or damage to a vehicle if:

1. Your actions are contrary to or not part of those duties assigned to you in your job description or by an authorized manager or supervisor; or
2. You act recklessly, maliciously, with the intent to cause damage or injury, or
3. You are accused of a crime; or
4. You fail to cooperate with the Risk Management Office or County Legal Counsel, or you act in a manner that is against the County's interests.

ACKNOWLEDGMENT

I have read and understand the “Insurance Coverage and Responsibilities of Volunteers”. I understand that if I am involved in any accident, or cited with a traffic violation, or if I have knowledge of any situation which may result in an injury to any person or property, I am required to immediately report the incident to my manager or supervisor.

If I use a County-owned vehicle in performing my volunteer duties, I understand and agree that:

- 1. I will only use the vehicle for trips that are directly related to my volunteer duties, and I will not use the vehicle for personal purposes.
- 2. I will follow all laws for driving the vehicle, and I will drive the vehicle in a reasonable, safe manner.

If I use my personal vehicle (including my ATV, specialty vehicle, aircraft, or other vehicle) in performing my volunteer duties, I understand and agree that:

- 1. I will maintain my transportation in good working condition, and I will maintain insurance coverage on my vehicle as required by Oregon law.
- 2. I understand that my own personal insurance will be responsible first, in the event of an accident.
- 3. I understand that the County will not pay for any damage to my vehicle.
- 4. I also understand that I must operate any vehicle in accordance with all the laws.

If I use my personal animal (i.e. horse, dog) in the performance of my assigned duties, I understand and agree that:

- 1. My animal must be trained in the tasks being required of it and well socialized with no aggressive behaviors prior to allowing it around people or other animals.
- 2. I must have complete control of my animal at all times.
- 3. The County will not pay for any medical treatment for my animal or any costs to replace my animal.

Signature of Volunteer

Date

My signature acknowledges that I have read and understand all responsibilities of a County volunteer and I have received a copy of the ‘Insurance Coverage and Responsibilities of Volunteers’.

**NOTICE OF DISCLOSURE/
AUTHORIZATION TO RELEASE INFORMATION**

Please read carefully before signing.

As a volunteer applicant to Josephine County, I am required to furnish information for use in determining my qualifications and suitability to perform the volunteer duties. I understand that any or all information contained in my volunteer application may be subject to verification or investigation by any duly authorized agent of Josephine County. I also understand that criminal history, credit report and driving records will be checked if in the judgment of Josephine County such records are relevant to the duties for which my application to volunteer is made.

I understand that in the event information from credit or criminal history report is utilized in part or in whole in making an adverse decision with regard to my potential to volunteer that I will be provided a copy of the report and a description in writing of my rights under the law before any the adverse action is taken. I have the right to request in writing, within a reasonable time that a disclosure of the nature and scope of the information requested. *(such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested whichever is later.)* According to the Fair Credit Reporting Act, I am entitled to know if a volunteer opportunity is denied because of information obtained from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I voluntarily and knowingly give my consent for full and complete release of any and all information or opinions you may have concerning, but not necessarily limited to my: qualifications, suitability, moral character, credit credentials, references, performance, education, job description, disciplinary actions, complaints or grievances against me, personnel investigative files and records of arrest, trial and/or conviction.

I understand that Josephine County may use this release to request information and records about my qualifications and suitability to volunteer from any educational institution, credit reporting agency, employer, person, firm, corporation, law enforcement agency, private individual, government agency and their officers, employees, successors and agents.

In consideration of your cooperation, I agree to hold harmless, release and discharge the person or entity to whom this release form is presented and his/her/its officers, employees, successors and agents from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, present or future, whether known or unknown, arising out of, incidental to or by reason of complying with this release and disclosure of information. This release and discharge includes, but is not limited to claims of defamation, libel, slander, negligence of interference with contract or profession.

I agree to hold Josephine County harmless from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the use or disclosure of any information obtained as a result of this release.

I consent to allow a photocopy of this release form, when presented by a duly authorized agent of Josephine County to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires one year after the date it is signed.

Volunteer's Printed Name: _____ Social Security #: _____

Last First Middle

Other Names Used: _____ Date of Birth: _____ Female Male

Current Address: _____

Previous Address if less than 5 years: _____

Driver's License #: _____ State Issued: _____ Email Address: _____

I CERTIFY THAT THE INFORMATION THAT I PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION TO VOLUNTEER, OR IF I VOLUNTEER IN THE FUTURE OR AM ALREADY VOLUNTEERING FOR THE COUNTY, THAT MY VOLUNTEER DUTIES AND RESPONSIBILITIES MAY BE TERMINATED.

Volunteer's Signature: _____ Date Signed: _____

**CONFIDENTIALITY AND
ETHICS AGREEMENT**

Confidentiality is the preservation of information disclosed in a professional working relationship. Certain information you obtain as a volunteer regarding clients and patrons is confidential. Disclosure of such information could make you legally liable for violating confidentiality laws.

There are many specific laws on what information is considered to be confidential, and what information is considered to be public. In general, any information that relates to a specific person is confidential.

Disclosing confidential information will lead to immediate dismissal as a volunteer with Josephine County. In addition, disclosure of confidential information or improper use of confidential information to your benefit may result in criminal charges being brought against you. Fines range from \$2,500.00 to \$25,000.00, as well as imprisonment in jail.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the above information:

Signature of Volunteer

Date

**IF YOU HAVE ANY QUESTION AT ALL AS TO WHAT SPECIFIC INFORMATION IS
CONFIDENTIAL, SEE YOUR SUPERVISOR**