

**For Department Use Only:** Date Received By Department: \_\_\_\_\_ Accepted \_\_\_\_\_ Declined \_\_\_\_\_

## JOSEPHINE COUNTY VOLUNTEER APPLICATION

Submit to: Personnel Department/County Courthouse  
500 NW Sixth Street, Rm 158, 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: \_\_\_\_\_

Program(s): \_\_\_\_\_ Advisory Board: \_\_\_\_\_

NAME: Last	First	MI	SOCIAL SECURITY #	
ADDRESS:	Street	City	State	Zip Code
TELEPHONE: Home	Message			

Have you ever volunteered for Josephine County before? ..... [ ]Yes [ ] No

On what date would you be available to volunteer? ..... \_\_\_\_\_

Would you like to be employed by Josephine County? ..... [ ]Yes [ ] No

### What You Would Like to do as a Volunteer

Date and Times Available: (Be specific):

### Previous Volunteer Experience

Organization:	Dates:
Organization:	Dates:
Organization:	Dates:

### Employment

Current Employer:	Phone No:
Address:	

**Interests, Skills and Hobbies**


Do you have a car available? \_\_\_\_\_ Auto Insurance/Policy Number: \_\_\_\_\_

Driver 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: \_\_\_\_\_

**References:**

Name: _____	Address: _____	Phone ( ) _____
Name: _____	Address: _____	Phone ( ) _____

Person to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I hereby authorize Josephine County to contact any source to verify and obtain information in assessing my qualifications, including but not limited to past/present employment, law enforcement agencies and references unless otherwise specified. I certify there are no misrepresentations or falsifications on this application and I am aware that any misstatements may cause disqualification of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Age, if under 18: _____ Applicants under 18 must have parents sign below: (Volunteer's name) _____ has my permission to work as a volunteer for Josephine County. Parents signature: _____ Date: _____
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## **Responsibilities of Volunteers**

As a volunteer with the Josephine County Volunteer Program, you are covered by Josephine County for liability and personal injury. Please read the following and sign.

### **What if I am accused of doing something wrong?**

The County provides you with protection from liability for bodily injury or property damage you cause to someone else. We refer to this coverage as "Tort Liability". The coverage is subject to the following conditions:

1. You limit your actions to only the duties assigned in your job description, or assigned by an authorized manager or supervisor.
2. You perform your assigned duties in good faith, and do not act in a manner that is reckless or with intention to cause harm to others.

### **You are personally responsible when:**

1. Your actions are contrary to the duties assigned in your job description, or assigned by an authorized manager or supervisor.
2. You act maliciously, with the intent to cause unlawful damage or injury, or with gross recklessness.
3. You are accused of a crime.
4. You fail to cooperate with the Risk Management Division or County Legal Counsel; or you act in such a way as to harm the County's defense against the claim.

The limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260 through 300.

### **What if I have an accident while driving?**

The County will pay and defend claims against you for injury to people or property caused while operating a County owned vehicle to perform assigned duties. We refer to this coverage as "Vehicle Liability". The County will also pay for damages to the County vehicle. The coverage is subject to the following conditions:

1. You report an accident that happens on County business to your manager or supervisor immediately.

2. You cooperate fully with the Risk Management Department and the Department of Justice.
3. You have a valid driver's license, and follow all laws and rules while operating the vehicle.

**You are not covered for an accident while driving when:**

1. You operate your personally owned vehicle to perform County business. County Vehicle Liability coverage will apply only after your liability insurance has been used. The County does not provide any protection for your vehicle. You are expected to have liability insurance for any personally owned vehicle that you use on County business. It is up to you to carry insurance on your vehicle.
2. You use a county vehicle or any other vehicle for personal use. The County does not provide any coverage if you drive a County vehicle or any other vehicle contrary to your job description or the directions of your manager or supervisor.

The limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260 through 300.

**What if I get hurt?**

The County provides injury protection for Registered Volunteers. It is limited only to injuries due to an accident while performing assigned volunteer duties. The coverage is subject to the following conditions:

1. Coverage pays after any other available insurance which may apply to the same injury.
2. If you are injured in a private vehicle, the vehicle owner's insurance is responsible for your medical bills.

**Reporting an Accident:**

Any time you are involved in an accident, or have knowledge about a potential liability situation while performing assigned duties, you must notify your manager or supervisor immediately.

I have read and understand the above insurance limitations.

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Signature of Volunteer

Date

**Volunteer Driver Agreement**

I, as a volunteer, understand that I am an important member of a team delivering service to the citizens of Josephine County.

If I use a privately owned vehicle to perform my volunteer duties:

- \* I declare that it will be in good mechanical condition.
- \* I will maintain insurance coverages on my vehicle that meet the DMV state requirements.
- \* I understand that my own personal automobile liability insurance will be responsible first in the event of an accident.
- \* I understand that the County will not pay for any damages to my vehicle.

If I use a vehicle registered to the County in my volunteer duties, I agree that:

- \* The vehicle will be used exclusively for trips directly related to my volunteer duties and not for personal purposes.
- \* I represent the Josephine County Volunteer Program while driving a Josephine County vehicle and will represent the program responsibly.
- \* I will review and abide by all Vehicle Rules for Oregon Drivers.
- \* If I do not follow the rules, I may be held personally responsible for any liability or damage to the vehicle.

When my assignment requires the use of either my private or a Josephine County vehicle, I understand that:

- \* My motor vehicle record will be requested and must meet standards as stated in the Josephine County Volunteer Policy.
- \* I must endeavor to operate the vehicle in accordance with the traffic laws of the state in which it is being driven.
- \* I will ensure that all adults riding in the vehicle are using seat belts and that all children are secured with approved child safety restraints.
- \* I will require all clients under five feet tall to sit in the rear seat of the vehicle.
- \* I will immediately notify the Volunteer Coordinator if I am involved in an accident or convicted of a traffic violation.

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Signature of Volunteer Date



**Confidentiality Agreement**

Confidentiality is the preservation of information disclosed in a professional working relationship. All of the information you gain as a volunteer regarding clients and patrons is confidential. Disclosure of such information could make you legally liable.

All records and information, including names, concerning individuals are confidential. General information, policy statements, or statistical material not identified with any particular information is not considered confidential.

Breaching confidentiality will lead to immediate dismissal as a volunteer with Josephine County. Giving information to an unauthorized individual would be interpreted as acting outside the scope of your duties as a volunteer and the County would not support you in the event of legal action. Violation of Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1000 or imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read the material above and discussed it with the Volunteer Coordinator. I further understand my duty to abide by all Josephine County rules and policies.

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Signature of Volunteer Date

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Volunteer Coordinator Date