



CLALLAM COUNTY VOLUNTEER APPLICATION

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

**Clallam County is an Equal Opportunity Employer
& Drug Free Workplace**

FOR OFFICE USE ONLY

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.
- DO NOT double side the application – double sided applications will not be accepted.

GENERAL INFORMATION

Name (First, Middle Initial, Last):	List prior names known by:
Mailing Address:	City, State, Zip:
Residence Address (if different from above):	City, State, Zip:
Day Phone:	Do you have current CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No
Evening Phone:	Do you have current First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Will you need access to a County computer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to drive on behalf of the County: <input type="checkbox"/> Yes <input type="checkbox"/> No (If you said yes to the above question, a Driving Abstract will be required)

REFERENCES

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

1. NAME OF REFERENCE _____	RELATIONSHIP _____
ADDRESS _____	
CURRENT PHONE _____	
2. NAME OF REFERENCE _____	RELATIONSHIP _____
ADDRESS _____	
CURRENT PHONE _____	
3. NAME OF REFERENCE _____	RELATIONSHIP _____
ADDRESS _____	
CURRENT PHONE _____	

SKILLS & LICENSES

Occupation/Work experience:

Place of employment, if employed:

Volunteer experience:

Special training/courses (include computer training):

Are you fluent in any languages other than English? No Yes. If yes, please list:

ADDITIONAL INFORMATION:

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP. DATE: _____

STATE	YEARS (TO & FROM)	ISSUED UNDER WHAT NAME

If more space is needed, please attach additional sheets of paper.

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED WITHIN LAST 10 YEARS (include County name & years):

STATE	CORRESPONDING COUNTY	YEARS (TO & FROM)

If more space is needed, please attach additional sheets of paper.

Indicate the type of volunteer work you are interested in:

<input type="checkbox"/> Adopt-A-Park	<input type="checkbox"/> Camp Host	<input type="checkbox"/> Streamkeepers
<input type="checkbox"/> One Day Park Project	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> County Fair
<input type="checkbox"/> Olympic Discovery Trail	<input type="checkbox"/> Juvenile Services	<input type="checkbox"/> Sheriff's Department/SAR
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

Time Commitment (*check one category*): 1 day less than 3 months more than 3 months more than 1 year

How did you hear about our volunteer opportunities (check all that apply)?

School County Posting Brochure Newspaper Radio/TV Other (specify) _____

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: _____	Department: _____
Name of Relative: _____	Department: _____

EMERGENCY CONTACTS

Please list two people to notify in case of emergency. *If under 18 years of age, please list a parent/guardian as ONE of the two people to contact in case of an emergency.*

Name: _____	Relationship: _____
Address: _____	
City, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____
Name: _____	Relationship: _____
Address: _____	
City, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____

ACCOMMODATIONS

PLEASE NOTE: Clallam County will provide reasonable accommodations for the testing and interview of qualified volunteer applicants upon request. Providing for accommodations will not affect consideration of your application. Please indicate if an accommodation is necessary and how we might assist you:

Notice to Volunteers

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides injury compensation, should that be necessary, and recognition benefits. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the County. NOTE: Based on length of time applicant is volunteering, additional training may be required.

SIGNATURE: _____ DATE: _____



CLALLAM COUNTY Request for Driving Record

Completed Form must be Submitted with Application

FIRST NAME	MIDDLE NAME	LAST NAME
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PLEASE COMPLETE THE FOLLOWING: DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, PLEASE INDICATE STATE/NUMBER: _____ . HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS OR BEEN INVOLVED IN A VEHICULAR ACCIDENT IN THE LAST 5 YEARS? YES NO. IF YES, PLEASE LIST AND EXPLAIN ALL INCIDENTS. INCLUDE ANY NOTICES YOU HAVE RECEIVED SINCE GETTING AN ABSTRACT OF DRIVING RECORD WITHIN THE LAST 6 MONTHS.

STATE	MONTH/YEAR	TYPE OF VIOLATION/EXPLANATION

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessary remove you from consideration, but the County will consider your driving record and insurability when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false Information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ **Date:** _____

A Complete Driving Record: For pre-employment purposes, once a *Conditional Offer of Employment* has been made, Applicants need to submit their Driving Abstract to Clallam County Human Resources. Complete driving records may be obtained online from the Washington State Department of Licensing, or at any Washington State Department of Licensing branch office, for a fee of \$13.00. (Other states may have different procedures.) This fee is at the applicant's own expense. We will only accept driving records that are *less than six (6) months old*.

Volunteers: Please note County Volunteers are also expected to submit a Driving Abstract. Refer to the above paragraph for information on where to do so. This fee will be reimbursed by the County. However, you must submit your receipt in order to be reimbursed. Please understand that reimbursement may take up to three weeks.

County Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified from driving on behalf of the County under the following circumstances:

Violations: More than two moving infractions within the preceding three years, or felony, or criminal traffic violations within the preceding five years.



CLALLAM COUNTY
VOLUNTEER WAIVER AND AUTHORIZATION TO RELEASE
PERSONAL HISTORY INFORMATION

TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before volunteering for this position. Therefore, the following information is necessary. Proof of name and date of birth is required. *I fully understand that this document, and all information contained herein, is subject to release during the process of collecting information outlined below.*

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: _____

OTHER NAMES KNOWN BY: _____ **DATE OF BIRTH:** ____/____/____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION:

TO WHOM IT MAY CONCERN: I, _____, sign this waiver and authorization (or "authorization") knowingly and voluntarily and acknowledge by signing this document I am surrendering certain legal rights I may otherwise hold, such as those provided in federal law at 5 U.S.C. §552(a). I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Clallam County, whether the said records are of public, private or confidential nature.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Clallam County Human Resources Department to consider in determining my suitability as a volunteer for Clallam County. I understand that all materials pertaining to this background investigation become the property of the Clallam County Human Resources Department and I will not have access to any of the background investigation.

The intent of this authorization is to give my consent to Clallam County Human Resources to verify my education as claimed (if needed); obtain arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records. In essence, I consent to a criminal history search, education verification (as needed), and references to be contacted (as needed) so as to properly evaluate my suitability for the volunteer position I have applied for. In addition, this information is needed by Clallam County Human Resources to reflect that a proper background investigation has been completed in order to meet internal insurance qualification standards.

I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of their compliance with this request. I also agree to indemnify and hold harmless Clallam County, its agents and employees from and against all claims for damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, release of such information identified in this document. I further understand, the sources of confidential information will not be revealed to me.

* A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature **(SIGN IN FRONT OF NOTARY)**

Date of Execution:

Printed Name

TO BE COMPLETED BY NOTARY PUBLIC

State of _____)
County of _____)ss

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY SEAL

I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.

SIGNATURE OF NOTARY PUBLIC



Clallam County Volunteer Disclosure Statement

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated, first or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree assault |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree statutory rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree arson |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicular homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree promoting prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Simple assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree criminal mistreatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse or neglect as defined in RCW 25.44.020 |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree custodial interference |
| <input type="checkbox"/> | <input type="checkbox"/> | Malicious harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree child molestation |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a juvenile prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoting pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Selling or distributing erotic material to a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation of child abuse restraining order |
| <input type="checkbox"/> | <input type="checkbox"/> | Child buying or selling |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they have been renamed |



Clallam County Volunteer Disclosure Statement

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor? YES NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol's criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are selected before that report is available, YOUR VOLUNTEER POSITION WILL BE CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signed in the City of _____, Washington, this ____ day of _____, 20__.

Signature

Full Name (print)



Volunteer Service Agreement

This agreement entered into by and between CLALLAM COUNTY, a political subdivision of the State of Washington (hereinafter referred to as "County"), and _____ (hereinafter referred to as "Volunteer").

REPRESENTATIONS

Volunteer desires to have the opportunity to perform a public service and to enhance personal growth providing assistance to the County.

County agrees to provide Volunteer with the opportunity to perform a public service provided that the following terms and conditions are met.

AGREEMENTS

County shall provide Volunteer with the opportunity to perform a public service by providing assistance to the Department of _____.

County shall provide supplemental medical insurance through its self-insured program for any covered injury or illness that may occur while Volunteer is performing service as provided herein.

Volunteer agrees to perform the volunteer service as provided for in this agreement with direction and supervision from the County and in compliance with all applicable rules, regulations and laws.

Volunteer agrees to submit complete and accurate record of all time spent in volunteer service, including date of service and position held in accordance with department standards.

Volunteer shall indemnify and hold the County harmless from any negligent action on the part of Volunteer in the performance of the service provided for in this agreement.

Description of activities authorized to be performed (attach job description):

Volunteer certifies that he/she has taken all necessary precautions to be certain that he/she is in proper condition, and states that he/she is in proper condition to participate in the above described duties.

County employee responsible for supervision of Volunteer: _____

Period during which such volunteer duties are to be performed: _____

Dated this _____ day of _____ 20____.

Volunteer Signature

Parental Consent Signature for volunteer under 18 years of age

Clallam County Department Head Signature



CLALLAM COUNTY CONFIDENTIALITY AGREEMENT

As an employee or volunteer of Clallam County, I understand that I may have access to "Confidential Information," which includes but is not limited to intelligence information, criminal history information, record information, investigative information, financial information, business practices/strategies, medical records, social security numbers, tax information, payroll, data bases and other sensitive information, regardless of whether such information is expressly designated as "Confidential Information" at the time of its creation. Confidential Information may be in written, electronic or oral form.

I must comply with the following rules to be a volunteer or employee of Clallam County.

1. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, unless doing so serves a purpose or function of County government.
3. I understand my personal access code, user ID numbers and passwords used to access County computer systems must not be disclosed and are an essential part of retaining confidentiality unless authorized to do so and permissible by County policy (420).
4. I understand improper disclosure of such information by me, could be a violation of law as well as Clallam County Policy, and I would then be subject to disciplinary action up to and including dismissal, in addition to any civil or criminal penalty provided by law.
5. I will not assist any other person in obtaining or reviewing Confidential Information that the other person is not authorized to obtain or review, and I will immediately report to my department head or direct supervisor any activity that is a violation of this Agreement or any County policy.
6. I will always act in a professional manner with respect to Confidential Information, such that I will not discuss Confidential Information where unauthorized listeners might hear it, nor will I engage in transmitting or repeating gossip or hearsay, knowing that such disclosures could reflect unfavorably on both the County and me.
7. Transportation of Confidential Information shall be done with all County safeguards in place.
8. If I cease employment or volunteer status with the County I will leave in the custody of the County all Confidential Information, regardless of their format.
9. I understand the terms of this Agreement continue to apply after I am no longer a County employee or volunteer.

BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO COMPLY WITH ALL OF ITS TERMS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE OF EMPLOYMENT AND/OR SUSPENSION AND LOSS OF PRIVILEGES, IN ACCORDANCE WITH CLALLAM COUNTY'S DISCIPLINE POLICY, AS WELL AS LEGAL LIABILITY.

SIGNATURE OF EMPLOYEE/VOLUNTEER: _____

PRINT NAME: _____ DATE: _____