



CLALLAM COUNTY VOLUNTEER APPLICATION

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted. **DO NOT** double side the application.

GENERAL INFORMATION

| | |
|--|---|
| Name (First, Middle Initial, Last): | Volunteer Program: |
| Mailing Address: | Name of County Employee you'll be working with: |
| City, State, Zip: | Length of Desired Service: |
| Contact Phone: | How did you hear about this Volunteer Opportunity? |
| Email: | Will you have access to a County Computer: YES NO |
| Are you over 18 years of age? YES NO | Do you intend to drive on behalf of the County: YES 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: | |
| EMAIL: | PHONE: |
| 2. NAME OF REFERENCE: | RELATIONSHIP: |
| ADDRESS: | |
| EMAIL: | PHONE: |
| 3. NAME OF REFERENCE: | RELATIONSHIP: |
| ADDRESS: | |
| EMAIL: | PHONE: |

SKILLS & LICENSES

Work experience:

Place of employment, if employed:

Volunteer experience:

Special training/courses (include computer training):

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): _____

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

WAIVER AND AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

TO BE COMPLETED BY APPLICANT FOR THE PURPOSE OF A BACKGROUND CHECK

A complete personal and criminal background investigation will be conducted before hiring and/or volunteering for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental or job-related tests may be required depending upon the position for which you are applying. 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 understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, based upon this authorization will be considered in determining my suitability for employment by the Clallam County Human Resources Department. 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.

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 for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and to the sources of information specifically identified herein.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including credit reports and/or ratings); employment and pre-employment records, including pre-employment background investigation reports, investigative files, efficiency ratings or other forms of evaluations, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records; the results of any polygraph examination, any medical records, any psychological testing and analysis plus recommendation, any military service records, records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record.

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. I will make NO attempt to gain access to the information in possession of Clallam County and/or its agencies or departments in conjunction with this employment process. I hereby expressly waive any right I may have to request such information from Clallam County.

* 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 ninety (90) days after date of execution and, prior to that time may be revoked by the applicant. However revocation of this "Waiver and Authorization of Release" will be deemed a simultaneous withdrawal of the signer's application for County employment.

Signature

Date of Execution:

Printed Name



CLALLAM COUNTY VOLUNTEER DISCLOSURE STATEMENT

Section D.

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

Aggravated, first or second degree murder

First, or second degree kidnapping

First, second or third degree assault

First, second or third degree rape

First, second or third degree statutory rape

First or second degree robbery

First degree arson

First degree burglary

First or second degree manslaughter

First or second degree extortion

Indecent liberties

Incest

Vehicular homicide

First degree promoting prostitution

Communication with a minor

Unlawful imprisonment



CLALLAM COUNTY VOLUNTEER DISCLOSURE STATEMENT

CONTINUED FROM PAGE 3...

YES NO

Simple assault

Sexual exploitation of minors

First or second degree criminal mistreatment

Child abuse or neglect as defined in RCW 26.44.020

First or second degree custodial interference

Malicious harassment

First, second or third degree child molestation

First or second degree sexual misconduct with a minor

Patronizing a juvenile prostitute

Child abandonment

Promoting pornography

Selling or distributing erotic material to a minor

Custodial assault

Violation of child abuse restraining order

Child buying or selling

Prostitution

Or any of these crimes as they have been renamed



CLALLAM COUNTY VOLUNTEER DISCLOSURE STATEMENT

CONTINUED FROM PAGE 4...

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.

FULL NAME (PRINT)

DATE OF BIRTH

A Washington State Patrol criminal history search along with a search of the National Sex Offender database will be conducted. I understand that if I am selected, my volunteer position is conditioned on receipt of a satisfactory report from the above entities.

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.

SIGNATURE OF APPLICANT

DATE SIGNED



CLALLAM COUNTY Request for Driving Record

Completed Form must be Submitted with Application

| | | |
|------------|-------------|-----------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
|------------|-------------|-----------|

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.