

# 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: Animal Services Date: \_\_\_\_\_

Position Applying for: Volunteer

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: Animal Services

Position: Volunteer

Driving

Not Driving

Start Date: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date