

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

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Department: _____ Position: _____

CONFIDENTIAL

CONSENT FORM

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal/driver's record as a condition of **Volunteering/continued Volunteering** with Douglas County.

PLEASE PRINT CLEARLY

Full Name (No Initials)

Street Address

City, State and Zip Code

Social Security Number

Date of Birth

Driver's License Number

Applicant's Signature

Date

**Requestor's Signature
(Human Resources Representative)**

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary but highly appreciated.

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