



VOLUNTEER APPLICATION

Tillamook County, Oregon

201 Laurel Avenue, Tillamook, Oregon 97141 (503) 842-3418

Thank you for your interest in volunteering with Tillamook County. Volunteers must be at least 16 years old. Please take a few moments to provide the following information. Please Print:

Last _____ First _____ Middle _____

Home or Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening /Cell Phone: _____ Fax: _____

E-mail: _____ Driver's license # and state: _____

Please list in order of preference the kind of volunteer jobs that interest you:

1. _____ 2. _____ 3. _____

Why are you interested in volunteering? _____

Please briefly describe your pertinent experience, training or skills. (Having no previous experience or training will not disqualify you for volunteering):

Previous volunteer experience: _____

Please check your times of availability: Weekdays AM ___ Weekdays PM ___ Saturday AM ___ Saturday PM ___
Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

List the maximum hours per week you are willing to volunteer: _____

Most volunteer work requires a commitment of time. Please tell us for how long you would be available.

Please choose a timeframe: 1-3 months 6-12months One year plus Special project/event

Will your volunteerism fulfill any of the following obligations? Community Service Work-study Job Training

Are you currently volunteering with the county in any other capacity? _____

Do you have any relatives working or volunteering with the county? _____

Please list any accommodations you would require or any limitations we should be aware of:

Please be advised that if you volunteer to work with or around children a criminal background investigation shall be required prior to your application being approved.

My signature below affirms that all information above is true and correct to the best of my knowledge and that I understand any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my acceptance as a volunteer with the county, may result in my dismissal. Information you provide on this application may become part of the public record.

Volunteer's Signature: _____ Date: _____

OFFICE USE ONLY:

Application: Accepted Denied Reason: _____

Department Placed: _____ Start date: _____ End Date: _____

FORWARD ORIGINAL TO HUMAN RESOURCES



TILLAMOOK COUNTY
HUMAN RESOURCES

Mona Hamblen, Director
MaryJo Beckstead, Generalist

201 Laurel Avenue
Tillamook, Oregon 97141
(503) 842-3418
FAX 842-1339

Land of Cheese, Trees and Ocean Breeze

**TILLAMOOK COUNTY REQUEST AND AUTHORIZATION TO RELEASE INFORMATION,
RELEASE OF LIABILITY/CLAIMS, AND AGREEMENT NOT TO SUE**

To Whom It May Concern:

I, the undersigned, have applied for a volunteer position with Tillamook County. I request and authorize you to furnish to Tillamook County any and all information you may have regarding my employment including, but not limited to, evaluations or assessments of my job performance and educational records, and my driving record. In addition, I request and authorize you to furnish information related to arrests and convictions.

I also authorize Tillamook County to investigate my criminal history, if any. I request and authorize you to provide any and all related information. I understand that a record of conviction does not necessarily disqualify me from employment. I agree to be fingerprinted prior to a job offer should that be required of me for possible employment.

I request and authorize you to provide the information when requested in writing or in a telephone or in-person interview with a representative of Tillamook County.

In consideration of your cooperation with this request, I hereby release Tillamook County, you, and any and all other persons employed by or connected with your agency/organization from any and all liability and/or claims now or in the future arising from the furnishing of any information, including good faith expressions of opinion, to Tillamook County as requested. I further agree not to sue Tillamook County, you, or any and all other persons employed by or connected with your agency/organization as a result of the furnishing of any information, including good faith expressions of opinion, to Tillamook County

I am aware and understand that the information and good faith opinions furnished to Tillamook County pursuant to this request will remain confidential with the County as requested by you, and will not be disclosed to me or to any other person, except as required by law.

Applicant's Name (First, Middle, Last)	Former Name(s)	Date of Birth
Social Security Number	Driver's License Number / Issuing State	
Applicant Signature	Today's Date	For Office Use Only

Note: Photocopy or FAX reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

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Return this form to: Tillamook County Human Resources Office, 201 Laurel Avenue, Tillamook, Oregon 97141, Phone 503-842-3418, Fax 503-842-1339

Informed Consent and Release

I, _____, acknowledge that I have voluntarily agreed to participate in a volunteer project located at _____ with Tillamook County. I hereby assume full responsibility for all risk of injury or loss which may result from my participation in this volunteer activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE Tillamook County and its officials, officers, agents and employees from any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity occurring during said participation, or any time subsequent thereto. The terms of this release will serve as release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the referenced activity.

Please Note: No medical insurance or insurance of any kind is provided by Tillamook County. Tillamook County strongly recommends that each participant have some type of accident medical insurance for his/her protection.

Volunteer Name _____

Signature _____

Date _____

Parent/Guardian _____ Signature _____ Date _____

PARENT OR GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER 18 YEARS OF AGE.

Upon signing this application, I understand that as a volunteer the County may, at any time and without recourse, relieve me of any further volunteer duties at the discretion of the County. Acceptance by the County as a volunteer and any duties performed on behalf of the County does not create any employment relationship. Furthermore, as a volunteer I have no expectation of compensation.



Tillamook County Volunteer Emergency Contact Information Form

Please return this completed form with Volunteer
Application

Name:		
Mailing Address:		
City:	State:	Zip:
Physical Address:		
City:	State:	Zip:
Home Phone:		
Home email:		Cell Phone:

#1 Emergency Contact Name:		
Address:		
Primary Phone:	Secondary:	Work:
Relationship:		

#2 Emergency Contact Name:		
Address:		
Primary Phone:	Secondary:	Work:
Relationship:		

#3 Emergency Contact Name:		
Address:		
Primary Phone:	Secondary:	Work:
Relationship:		

Volunteer Signature:	Date:
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Please return this form along with the Volunteer Application to the department that you would like to volunteer with.

The Department Director or Program Manager will accept, review and process this form and the Volunteer Application. Human Resources and the potential volunteer will be advised of the status of the application as soon as practicable.

Thank you for your desire to volunteer for public service with Tillamook County.