CLALLAM COUNTY
RETURNING VOLUNTEER APPLICATION

(This Application is for Volunteers Returning on an Annual Basis)
Email the Completed Application to:
alexander.gordash@clallamcountywa.gov
Clallam County Human Resources | Risk Management
223 E. 4th St., Suite 16 Port Angeles, WA 98362

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:	Email:

Please make sure to submit all of the following documents if you will be driving:

☐ Copy of Driver's License ☐ Copy of Insurance Card(s) ☐ Driving Abstract ☐ Driving Abstract Receipt

Please submit the following document if you will not be driving:

☐ County Vehicle & Drivable Equipment Non-Use Agreement Form

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: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City:, State & Zip Code: _____

Phone: (Home/Cell): _____ (Work): _____

Notice to Volunteer

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
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:_____

Request for Driving Record:

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.

_____ _____

SIGNATURE OF APPLICANT DATE SIGNED

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 $15.00. (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

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 Signed

_____

Printed Name

CLALLAM COUNTY
Volunteer | Boards & Committee 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 (SEE BELOW):

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; Simple assault; Sexual exploitation of minors; First or second degree criminal mistreatment; Child abuse or neglect as defined in RCW 25.44.020; 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.

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.

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.

Notice to Volunteers

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SIGNATURE OF APPLICANT _____ DATE SIGNED _____

Clallam County

County Vehicle & Drivable Equipment
Non-Use Agreement Form

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 Employee/Volunteer).

AGREEMENT:

Employee/Volunteer certifies that he/she will, under no circumstances:

1. Drive a County owned vehicle or operate drivable equipment.

or

2. Use their personal vehicle on County business.

County employee responsible for supervision of Employee/Volunteer: _____

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

Dated this _____ day of _____, 20 ____.

_____
Volunteer Signature

_____
Witness

_____
Clallam County Department Head Signature