



# CLALLAM COUNTY Volunteer Application

Email the Completed Application to:

[brenda.wenzl@clallamcountywa.gov](mailto:brenda.wenzl@clallamcountywa.gov)

Clallam County Human Resources | Risk Management  
223 E. 4th St., Suite 16  
Port Angeles, WA 98362

Complete the application thoroughly. Applications that are incomplete WILL NOT be accepted.  
Please **DO NOT** double side the application.

## General Information:

|                                              |                                                                                           |
|----------------------------------------------|-------------------------------------------------------------------------------------------|
| Name ( <i>First, Middle Initial, Last</i> ): | Volunteer Program:                                                                        |
| Mailing Address:                             | County Employee with Program Oversight:                                                   |
| City, State, Zip Code:                       | Are you over 18 years of age?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Day Phone, Cell Phone, Evening Phone:        | Email:                                                                                    |
| Emergency Contact:                           | Emergency Contact Phone Number:                                                           |

## References:

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU.

1. NAME OF REFERENCE:  
RELATIONSHIP:  
ADDRESS:  
PHONE:  
EMAIL:
2. NAME OF REFERENCE:  
RELATIONSHIP:  
ADDRESS:  
PHONE:  
EMAIL:
3. NAME OF REFERENCE:  
RELATIONSHIP:  
ADDRESS:  
PHONE:  
EMAIL:

## Skills & Licenses:

|                                                                                  |
|----------------------------------------------------------------------------------|
| Summarize your experience, special skills and qualifications, including hobbies: |
| 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:

## Volunteer 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

Volunteers are not considered to be Clallam County employees for any purpose. 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 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

# Volunteer Waiver & Authorization

## Release of Personal History Information:

A complete personal and criminal background investigation will be conducted before volunteering for this position. Therefore, the following information is necessary. 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 Clallam County to:

- Obtain and review my records relating to arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records
- Confirm my education as stated on my application (as needed)
- Contact personal references (as needed)

In essence, I consent to a criminal history search, education verification (as needed), and references to be contacted (as needed) so as to properly evaluate my suitability for the volunteer position I have applied for. In addition, this information is needed by Clallam County Human Resources to reflect that a proper background investigation has been completed in order to meet internal insurance qualification standards. 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 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.*

\* 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 one (1) year after date of execution and, prior to that time may be deemed irrevocable.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TYPED NAME

# 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.