



CLALLAM COUNTY VOLUNTEER APPLICATION One Day Actively Supervised Project

FOR OFFICE USE

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

***Clallam County is an Equal Opportunity Employer
& Drug Free Workplace***

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.

GENERAL INFORMATION

| | |
|--|---|
| Name (<i>First, Middle Initial, Last</i>): | List prior names known by: |
| Residence Address: | City, State, Zip: |
| Day Phone: | Do you have current CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Evening Phone: | Do you have current First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If under age 18 has parent given consent to volunteer for Clallam County? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent/Guardian signature if under 18: _____ Print Name: _____ | |

EMERGENCY CONTACTS

Please list two people to notify in case of emergency. *If under 18 years of age, please list a parent/guardian as ONE of the two people to contact in case of an emergency.*

| | |
|-------------------------------|---------------------|
| Name: _____ | Relationship: _____ |
| Address: _____ | |
| City, State & Zip Code: _____ | |
| Phone: (Home) _____ | (Work): _____ |
| | |
| Name: _____ | Relationship: _____ |
| Address: _____ | |
| City, State & Zip Code: _____ | |
| Phone: (Home) _____ | (Work): _____ |

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?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated, first or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree assault |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree statutory rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree arson |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicular homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree promoting prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Simple assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree criminal mistreatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse or neglect as defined in RCW 25.44.020 |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree custodial interference |
| <input type="checkbox"/> | <input type="checkbox"/> | Malicious harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree child molestation |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a juvenile prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoting pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Selling or distributing erotic material to a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation of child abuse restraining order |
| <input type="checkbox"/> | <input type="checkbox"/> | Child buying or selling |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

REPRESENTATIONS

Volunteer desires to have the opportunity to perform a public service and to enhance personal growth providing assistance to the County.

County agrees to provide Volunteer with the opportunity to perform a public service provided that the following terms and conditions are met.

AGREEMENTS

County shall provide Volunteer with the opportunity to perform a public service by providing assistance to the Department of _____ in the capacity/position of _____.

County shall provide supplemental medical insurance through its self-insured program for any covered injury or illness that may occur while Volunteer is performing service as provided herein.

Volunteer agrees to perform the volunteer service as provided for in this agreement with direction and supervision from the County and in compliance with all applicable rules, regulations and laws.

Volunteer agrees to submit complete and accurate record of all time spent in volunteer service, including date of service and position held in accordance with department standards.

Volunteer shall indemnify and hold the County harmless from any negligent action on the part of Volunteer in the performance of the service provided for in this agreement.

Volunteer certifies that he/she has taken all necessary precautions to be certain that he/she is in proper condition, and states that he/she is in proper condition to participate in the above described duties.

Volunteer is not considered to be a Clallam County employee for any purpose. Injury compensation will be provided as described above.

Volunteer is expected to report the hours worked to the on-site county supervisor prior to leaving the work location. This is a requirement for volunteering with Clallam County and is necessary for injury compensation, should that be necessary, and recognition benefits.

Selection and dismissal as a volunteer is totally at the discretion of the on-site county supervisor or department head or elected official and may be with or without cause. No property rights are created by volunteering for the County.

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.

Signed in the City of _____, Washington, this _____ day of _____, 20__.

- A one day volunteer is not allowed to drive County vehicles or their personal vehicle while on County business.
 - A one day volunteer must be supervised by a County Employee and/or their Designee at all times.
 - Prior to initiating work, the volunteer must complete and submit a volunteer application. This application is to be reviewed by the on-site supervisor prior to start of work. Completed applications are to be turned into HR the next business day following the work project.
 - The on-site supervisor is to conduct a safety briefing with the volunteer(s) prior to start of work.
- X _____
Project Supervisor Signature (County Employee) Date _____

Volunteer Signature

Volunteer Full Name (print)

Project Supervisor to fill out:
Number of hours worked by Volunteer _____