



Coconino County

Volunteer Application

Name (first / middle / last)	Date:
Street Address:	Home Phone:
City / State / Zip	Work Phone:
AZ State Driver's License Number:	Cell Phone:

AVAILABILITY

Long Term Short Term Special Project

1. Check the box for the time period(s) in the day(s) you're available.
2. Indicate the number of hours per day you would volunteer.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	✓	# of Hours	✓	# of Hours	✓	# of Hours	✓	# of Hours	✓	# of Hours	✓	# of Hours
Morning												
Afternoon												
Evening												

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please explain:		

EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Work Phone:
Relationship:	Home Phone:

SKILLS AND INTERESTS

Current / previous work or occupation:	
Previous volunteer experience:	What?
	Where?
Hobbies, interests, skills:	
Special training, certification:	
Who or what prompted you to volunteer?	



EDUCATION

Circle highest grade completed:

Grade School	6	7	8	High School	9	10	11	12	or GED
College	1	2	3	4	Beyond:				

REFERENCES

List two personal references, other than family members (full name, address, and phone)

Name:	Phone:
Street Address:	City/State/Zip:
Name:	Phone:
Street Address:	City/State/Zip:

Do you have any criminal convictions (Other than parking violations and/or juvenile offenses)? Yes No
 If "Yes", please explain where, when, and disposition:

(Conviction will not automatically bar you from volunteering. Relevance to Assignment will be considered)

I understand that I am not an employee of Coconino County, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by Coconino County for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

By my signature, I authorize Coconino County to conduct a background check of my:

- Driving record
- Criminal record
- Employment verification/volunteer history
- Credit reports
- Educational/diploma verification
- Personal references

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as they deem appropriate.

Applicant Signature	Date:
Parent/Guardian (if under 18 years of age):	





Statement of Understanding for Volunteer Service to the County

I understand that during the course of my volunteer service to Coconino County, I will be covered by the County's program for liability and workers' compensation insurance. I agree to follow policies and procedures as required by the County. I understand that my supervisor will explain these policies and procedures to me and will provide me with copies as appropriate. I agree that I will report immediately to my supervisor any incident involving injury to myself or to another person, or which causes damage to county property or property of others.

In the event that I am injured during the course of volunteer service to Coconino County, I understand that I am covered by workers compensation insurance. I understand that my approved medical expense for a covered injury will be paid in full by the insurance. If I am eligible for wage benefits, it may be based upon the standard volunteer wage of \$400 per month. Each determination of allowable wages is made by the County's industrial insurance company according to Arizona State Statute, and is approved by the Industrial Commission of Arizona.

My signature confirms that I have read and understand this policy.

Volunteer's Signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Name: _____

Date of Birth: _____

Address: _____

Driver's License: _____

SS#: _____ - _____ - _____

Phone: () - _____

1. If individual is using personal vehicle, minimum insurance limits of 15/30/10 for bodily injury/property damage must be maintained. Obtain a copy of I.D. card and send to Risk Management.

2.

Emergency Contact: _____

Phone number: () - _____

3.

Department/Division: _____

Supervisor: _____

Start Date: _____

Hours/Week: _____

Nature of Duties: _____

4. Check Category which applies:

Volunteer Unpaid Intern – attach completed Internship contract

Reserve Sheriff's Search and Rescue Other

Court Order Community Service Worker. A community service worker assigned by the court is not covered by workers comp through the County.

Department Head Signature: _____ Date: _____

****Return completed form to Risk Management****

Coconino County Community Services/Senior Services Statement of Confidentiality

As an employee or volunteer of the Coconino County Community Services Senior Services program, I understand that some of my duties will involve access to information/records that are considered confidential in addition to the knowledge of the names, personal details and conditions of clients and program participants.

Information may only be shared internally with other staff and volunteers as appropriate, with permission of a client or with the appropriate authority including law enforcement or Adult Protective Services as required.

I acknowledge my responsibility to respect the confidentiality of department records, to follow office procedures in order to protect privacy both in public and over the phone and electronic communications and in all other communications including posting to any form of social media.

I will not disclose information in public or social situations where I may be overheard by persons who are not staff or other volunteers, or with any person where the identity of the client or participant may be revealed or implied.

I further understand that if I am found disclosing confidential material inappropriately, I will be subject to disciplinary action up to and including dismissal from my employment or volunteer assignment.

I further commit to keeping any information regarding program participants confidential after my assignment with Senior Services.

During my employment and/or assignment and subsequent to it, I will not contact any program participants for money, housing, loans, favors of any nature, business transactions, or anything that benefits me personally that may in truth or by appearance be detrimental to the program participant.

Signature of Employee/Volunteer

Signature of Supervisor

Date

Date