



Intern/Volunteer Application

Supervisor: _____ Dept.: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

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

Driver's License #: _____ State: _____ Email Address: _____

Yes No

Are you a citizen of the United States or, if not, are you legally authorized to work in the U.S.?

As an adult, have you ever been convicted of a misdemeanor or felony (including arrests that result in diversion or expungement)? If 'yes', please state below the nature, date and jurisdiction of each conviction, diversion or expungement. (The incidents will be evaluated for each position and are not necessarily disqualifying.)

Please indicate (X) which day/hours you are willing to accept/are available for:

Evenings Weekdays

Weekends Other _____

REFERENCES:

1. _____
Name Address Phone # Occupation

2. _____
Name Address Phone # Occupation

3. _____
Name Address Phone # Occupation

EDUCATION AND TRAINING: Do you have a high school diploma, GED or equivalent? Yes No

Please list all colleges, universities, military, trade, business or other schools attended.

School	Major	Total # Credits	Degree

1300 NW Wall Street, Suite 201 Bend, Oregon 97703

(541) 388-6553 @hr@deschutes.org www.deschutes.org



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SKILLS/ABILITIES: List any skills/abilities you have which are pertinent to the volunteer work you are applying for:

LICENSES/CERTIFICATES: List licenses or certificates you possess which may relate to the volunteer work you are applying for (i.e. driver's license, First Aid, CPR, etc.)

Title	Number	Issuing Agency	Date Issued	Date Expires

EXPERIENCE: Please list in chronological order, your complete work history, including paid and volunteer positions, military and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate.

Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	
Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	

Conditions of Volunteer Service - Deschutes County

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for service a volunteer with Deschutes County.

I authorize Deschutes County to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify information provided on this Application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Deschutes County information concerning this Application, my background and my suitability for service as a volunteer with Deschutes County. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release Deschutes County and its elected officials, officers, employees and agents from liability for any use or disclosure for purposes related to consideration of my Application to serve as an employee with Deschutes County, of any information obtained related to my Application.

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I further understand and agree that I may be required to undergo a personal background check for certain positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Deschutes County Computer Clearing House files. I hereby authorize Deschutes County to conduct a personal background check, as deemed necessary for my position.

If selected as a volunteer for Deschutes County I will conform to the rules and regulations of Deschutes County. I understand and agree that my service as a volunteer can be terminated by Deschutes County at any time for any reason and that, as a volunteer, I have no expectation of or any right to any salary, wages or other employment benefits with Deschutes County.

I have read, understand and agree to the *Conditions of Employment* set forth above.

Signature

Date

VOLUNTEER INFORMATION

Date Completed

First

Middle Initial

Last

Email: _____

Phone (Cell): _____

(Hm): _____

EMERGENCY CONTACT INFORMATION

Please provide at least one:

First

Last

Area Code

Number or Numbers

First

Last

Area Code

Number or Numbers

CONFIDENTIALITY AGREEMENT

DESCHUTES COUNTY EMPLOYEE OR VOLUNTEER

Deschutes County employees and volunteers have an obligation to safeguard confidential information and records to which they have access or become aware of during the performance of their job duties. Confidential information is information, which is private, or which the law prohibits disclosure of to unauthorized persons. For example, medical records, mental health records, personal information and financial records of individuals and businesses are confidential.

It is important that you understand your obligation to maintain the confidentiality of information and records you may access or become aware of while volunteering for Deschutes County. Improper disclosure or release of confidential information or records can be damaging or embarrassing and can result in personal legal liability or criminal penalties. Also, any employee or volunteer who improperly uses, discloses or releases confidential information or records will be subject to disciplinary action, up to and including termination of employment or volunteer status with Deschutes County. Except as is necessary to perform official work for Deschutes County, no employee or volunteer of Deschutes County is authorized to use, disclose or release any information or records to which the employee or volunteer has access or becomes aware of during his or her work for Deschutes County without the express approval of the employee's or volunteer's supervisor or Department Head.

As an employee of or volunteer with Deschutes County, you need to agree to abide by the laws and policies governing confidentiality by signing this Confidentiality Agreement. If, at any time, you have any questions regarding confidentiality laws or policies or regarding your obligation to maintain the confidentiality of any information or records, you are to contact your supervisor, Department Head or Deschutes County Legal Counsel.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT, AS AN EMPLOYEE OF OR VOLUNTEER WITH DESCHUTES COUNTY, I HAVE A DUTY TO ABIDE BY THE LAWS AND POLICIES REGARDING CONFIDENTIAL INFORMATION AND RECORDS AND THAT I WILL ABIDE BY THOSE LAWS AND POLICIES. I FURTHER UNDERSTAND AND AGREE THAT, IF I IMPROPERLY USE, DISCLOSE OR RELEASE CONFIDENTIAL INFORMATION OR RECORDS, I WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT OR VOLUNTEER STATUS WITH DESCHUTES COUNTY.

Employee or Volunteer (Print)

Employee #

Signature

Date



HUMAN RESOURCES

I understand that Deschutes County will conduct a criminal history background check and DMV check as part of the procedure for processing my application for employment.

I understand that Deschutes County will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Deschutes County Human Resources representatives within three (3) business days of receipt of the report. If I notify HR within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making employment decisions.

Caution – Read Before Signing

I hereby consent to the criminal history background check as described above and authorize Deschutes County to obtain reports concerning my background as stated above. I hereby release Deschutes County, its officers, agents and employees from any and all liability related to Deschutes County using my criminal background information to make employment decisions.

Signature of Applicant _____ Date _____

Print **FULL** Name _____
(AS LISTED ON SOCIAL SECURITY CARD) (First) (Middle) (Last)

Social Security No.: _____ Date of Birth: _____

Driver's License Number: _____ State of License: _____

Position Applied For: _____ Department: _____

Have you lived outside of the state of Oregon within the last 7 years? Yes No

If yes please list **state(s) and zip code(s)**: _____

Have you ever been convicted of a criminal offense*? Yes No

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

If yes, please explain the nature, date and location. _____

Deschutes County is authorized to conduct criminal history background checks on job applicants pursuant to Deschutes County General Policy. You may request a copy of this policy from the Human Resources Department. Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.



DESCHUTES COUNTY DRUG SCREEN CONSENT FORM – Intern/Volunteer

Per Deschutes County Policy, all candidates must pass a pre-employment screening for controlled substances. If you wish to complete the process, you must participate in such testing and consent to such testing by signing this form.

I understand that if I am found to be under the influence of intoxicants I will not be hired as a Deschutes County intern/volunteer and will be barred from applying for county employment for a period of one year. Any consent to testing is voluntary on my part.

I consent to testing of a urine specimen provided by me in order to determine the presence of controlled substances, and recognize that the results of an analysis of such specimen will be used to determine suitability for employment. I authorize the release of the testing results to authorized Deschutes County officers, agents, and employees.

Name (please print)

Signature

Date

ACKNOWLEDGEMENT OF RECEIPT
DESCHUTES COUNTY POLICIES

By signing below, I acknowledge that I have received and read a copy of the following Deschutes County Policies:

- GA-7, Tobacco-Free Facilities and Grounds
- HR-8, Drug Free Workplace
- HR-9, Prevention of Violence in the Workplace
- HR-10, Non-Harassment and Non-Discrimination
- RM-1, Driving on County Business & Vehicle Operation, Appendix B and C
- IT-1, Computer, E-Mail and Mobile Computing Device Use
- Security Awareness Training Module

As an employee, volunteer, or agent of Deschutes County, I understand that I have a duty to comply with these and all other County policies and agree to comply with these policies. If I have any questions about the policies or the application of the policies, it is my obligation to contact my supervisor or department head for clarification of the policies. I further understand and agree that, if I violate County policy, I will be subject to disciplinary action, up to and including termination of my employment or services with Deschutes County.

DATED: _____

Employee Name (Please print)

Employee Signature

Department



APPENDIX B

Name: _____
(Last) (First) (MI)

Department: _____ Employee # _____

I, the undersigned, hereby certify that I have an active automobile insurance policy that meets all legal requirements of the State of Oregon, and I agree to keep such insurance in force as long as I drive my vehicle on official County business.

Signature: _____

Date: _____



APPENDIX C

I, _____, with _____
(Please print) (Department)

herby certify that I have read Deschutes County Policy No.: RM-1, "Driving on County Business & Vehicle Operation", and I fully understand this policy as it pertains to my responsibilities with Deschutes County.

Signature: _____

Date: _____

FOR YOUR RECORDS



Deschutes County Risk Management Department
1300 NW Wall St, Suite 206, Bend, OR 97701
Phone: (541) 385-1749 Fax: (541) 385-3202
Email: laurie.smith@deschutes.org

Dear Volunteer:

Deschutes County Risk Management carries a secondary accident insurance policy that may cover your medical expenses if you sustain an injury while performing volunteer duties on behalf of the county. We **do not** provide Worker's Compensation benefits to you.

To be eligible for benefits through Deschutes County's secondary carrier (CIMA), your primary health insurance benefits, including Medicare and Medicaid, must first be exhausted. If you do not have a primary health insurance carrier, your entire claim will be referred to CIMA for consideration.

- Notify your supervisor **immediately** if you are injured while working as a Deschutes County volunteer.
- If medical care is necessary, ask your supervisor for a VIS (Volunteer Insurance Services) claim form. I can provide this form if your supervisor does not have one available. Fill out the Claimant/Volunteer portions of the form, including the "Authorization to Release Information" and "Claimant Authorization & Other Insurance Information" sections.
- Return the completed form to Laurie Smith, Deschutes County Risk Management. Make sure you have completed and signed all applicable sections, or there may be a delay or denial of benefits.
- Deschutes County Risk Management will submit your claim to CIMA. Payment of any benefits will be made directly to the medical provider. **Deschutes County assumes no responsibility for your unpaid medical bills.**

If you have any questions, I can be reached Monday through Friday at **(541) 385-1749** or at laurie.smith@deschutes.org

Sincerely,

Laurie Smith
Claims Coordinator

SAR Supplemental Questions

Do you have previous SAR experience?

- Yes
- No

If yes, please provide the name of the SAR unit, and the contact name and number.

If you currently possess a SAR state certification please list the state and date you received it.

Please circle any current medical training you possess.

- Doctor
- RN
- Paramedic
- EMT
- Wilderness First Aid
- First Responder/Aid
- CPR

Please circle any of the following winter SAR experience you possess.

- Alpine
- Nordic
- Snowshoe
- Snowmobile

Please circle any of the following mountain rescue experience you possess.

- Rock Climbing
- Rope Rescue Systems
- Mountain
- Glacier
- Cave Rescue

Please circle any of the following water rescue experience you possess.

- Dive
- Swift Water
- Ice Rescue

Please circle any of the following land navigation skills you possess.

- Map and Compass
- GPS
- Tracking

Please circle any of the following incident management team experience you possess.

- Planning
- Operations
- Logistics
- Communications

Please circle any of the following other rescue specialties you have experience with.

- Canine
- Horse
- Mountain bike
- ATV
- Wildland firefighting
- Air operations

Please list any other skill, leadership skills, outdoor capabilities, mapping skills, specialized training, computer technology, administrative capabilities (such as accounting, grant writing, excel, word), mechanical skills (carpentry, snowmobile or ATV maintenance) etc. which might be an asset.

Describe activities in which you engage on a regular basis to maintain physical fitness.

If you have any medical or physical conditions which may limit your ability to engage in sustained and rigorous physical activities, please list what you are doing to negate that condition.

If you have worked as part of a team in the past, please describe your experience.

What is your understanding of chain of command?

If applicable, please provide any additional comments pertinent to this application