



Advisory Board Application

Submit To: Board of County Commissioners
Josephine County Court House
500 NW Sixth Street, Room 154
Grants Pass, Oregon 95726

FOR OFFICE USE ONLY

Interview: Yes ___ No ___
Appointed: Yes ___ No ___
Date Appointed: _____
Resolution No: _____

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or legally protected status.

Advisory Board or Program
you are applying for: _____ Date: _____

NAME:	Last	First	MI
MAILING ADDRESS:	Street	City	State Zip
PHYSICAL ADDRESS:	Street	City	State Zip
TELEPHONE:	Home	Cell	Message Email

Have you ever served on an Advisory Board before? [] Yes [] No

On what date would you be available to start? [] Yes [] No

What days and times are you available? _____

What would you like to do as an advisor?

What experience do you have that is relative to this position?

Interests or skills relative to position.

Employment History	
Current Employer:	Position:
Address:	Date Began: Phone #:
Previous Employer:	Position:
Address:	Dates Employed From: To:
Previous Employer:	Position:
Address:	Dates Employed From: To:

References	
Name: Address:	Phone #:
Name: Address:	Phone #:

If you have a disability and require accommodations to perform your duties as an advisor, please indicate the needed accommodations: _____

I hereby authorize Josephine County to contact any source to verify and obtain information in assessing my qualifications, including but not limited to past/present employment, law enforcement agencies and references unless otherwise specified. I certify there are no misrepresentations or falsifications on this application and am aware that any misstatements may cause disqualification of my application.

Applicant Signature Date

Confidentiality Agreement

Confidentiality is the preservation of information disclosed in a professional working relationship. All of the information you gain as an advisor regarding clients and patrons is confidential. Disclosure of such information could make you legally liable for violating confidentiality laws.

All records and information, including names, concerning individuals are confidential. General information, policy statements, or statistical material not identified with any particular information is not considered confidential.

Breaching confidentiality will lead to immediate dismissal as an advisor with Josephine County. Giving information to an unauthorized individual would be interpreted as acting outside the scope of your duties as an advisor and the county would not support you in the event of legal action. Violation of Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$2,500 or imprisonment in the county jail for not more than 6 months, or both.

My signature below certifies that I have read and understand the material above. I further understand my duty to abide by all Josephine County rules and policies.

Applicant Signature

Date

For Department Use:

Reviewed By: _____ Ext. No. _____
Department Head

Signature: _____ Date: _____
Department Head

Criminal History Check Authorization

It is the policy of Josephine County that all prospective volunteers are subject to a criminal background history check. Information obtained about an individual is confidential. Conviction of an offense will not necessarily exclude an individual from serving as a volunteer. An individual who refuses to consent to a criminal history check, however, shall be disqualified from volunteer program consideration.

Full legal name: _____
Last *First* *MI*

List all other names used: _____
(Include birth, former married, legal name changes, etc.)

Current address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Gender (circle one) Male Female

Drivers License No: _____ Issuing State: _____

I hereby authorize Josephine County to investigate and obtain any and all information concerning my criminal and driving record (whether same is of record or not), and hereby release all persons, whomsoever, from any charge due to furnishing said information.

Signature of Volunteer

Date