



**Submit to:**  
**Josephine County Human Resources**  
**500 NW 6th Street, Dept 11**  
**Grants Pass, Oregon 97526**

# JOSEPHINE COUNTY VOLUNTEER APPLICATION

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

Department Desired: \_\_\_\_\_ Date: \_\_\_\_\_  
*(It is not necessary to specify a particular department. If you do not specify a particular department, all departments that use volunteers will receive your application.)*

NAME:	Last	First	MI
TELEPHONE:	Home	EMAIL ADDRESS	
	Cell		
ADDRESS:	Street	City	State
			Zip Code
MAILING ADDRESS <i>(if different then above)</i>			

Have you ever volunteered for Josephine County before?  Yes  No

On what date would you be available to volunteer? \_\_\_\_\_

PREFERRED VOLUNTEER DUTIES
Date and Times Available: (Be specific):

PREVIOUS VOLUNTEER EXPERIENCE	
Organization:	Dates:
Organization:	Dates:
Organization:	Dates:

<b>CURRENT EMPLOYMENT</b>	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	

<b>PRIOR EMPLOYMENT</b>	
<i>Please include all employment within the last 10 years</i>	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	

<b>EDUCATION</b>			
HIGH SCHOOL – Name & Location ( <i>city, state</i> )		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COLLEGE OR UNIVERSITY:</b>			
Name	City	State	Type of Degree (BA, BS, MBA)
Chief Undergraduate Subjects		Chief Graduate Subjects	
Other courses or training related to this type of volunteer work:			
Name & location of school	Subjects	Date Completed	

<b>SKILLS, ACCOMPLISHMENTS, AWARDS, HOBBIES</b>

Do you have a car available for use while volunteering?     Yes     No

Auto Insurance/Policy #: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Issuing State: \_\_\_\_\_

Do you have any driving violations? .....     Yes     No

Have you ever been convicted of any criminal acts? .....     Yes     No

*Conviction will not necessarily disqualify an applicant from volunteering.*

If yes, please explain: \_\_\_\_\_

<b>PERSONAL REFERENCES</b>	
Name:	Phone#:
Address:	Relationship:
Name:	Phone#:
Address:	Relationship:
Name:	Phone#:
Address:	Relationship:

EMERGENCY CONTACTS	
Name: Address:	Phone#: Relationship:
Name: Address	Phone#: Relationship:

If you have a disability and require accommodations to perform your volunteer assignment, please indicate the needed accommodations:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A volunteer must be a minimum of 16 years old to qualify as a Josephine County Volunteer.

If under age 18: **Applicants under 18 must have parents sign below:**

\_\_\_\_\_ has my permission to work as a volunteer for Josephine County.  
*Volunteer's Name*

\_\_\_\_\_ \_\_\_\_\_  
*Parent's Signature* *Date*

For Department Use:

Reviewed by: \_\_\_\_\_ Ext. No. \_\_\_\_\_  
*Manager/Supervisor (Print Name)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Manager/Supervisor*

Start Date: \_\_\_\_\_

## INSURANCE COVERAGE AND RESPONSIBILITIES OF VOLUNTEERS

**All volunteers will be provided a copy of their responsibilities.**

Josephine County provides volunteers with certain insurance coverage as described below. Please read the following and sign below. If you have any questions, please ask your manager, supervisor, or Human Resources office.

**General Insurance Coverage:** Under certain circumstances, Josephine County will provide you with insurance coverage for bodily injury or property damage. This coverage is only available when:

1. Your actions are limited to only those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You perform your assigned duties reasonably and in good faith, and you do not act in a manner that is reckless, or with intent to cause harm.

The limits of this insurance coverage are provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

**Worker's Compensation Coverage:** County elects to provide Worker's Compensation coverage for volunteers of the Sheriff's Office Reserves and Search & Rescue.

**Accident Insurance Coverage:** The County also provides coverage for accidents sustained while performing services as a Registered Volunteer. This coverage is only available when the injury occurs as the result of an accident which happens while performing assigned volunteer duties. This coverage is secondary insurance; it will pay \$5,000 for accidental death or disability and for eligible medical expenses up to \$25,000 only after any other available insurance is applied toward the medical bill.

**Automobile Insurance Coverage:** County-Owned Vehicles: Under certain circumstances, if you have an accident while you are driving a County-owned vehicle to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage. The County will also pay for any damage to the County vehicle.

**Personal Vehicles:** Under certain circumstances, if you have an accident while you are driving your personal vehicle (or All Terrain Vehicle- ATV, specialty vehicle, aircraft, or other vehicle) to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage to others. ***The County, however, shall not provide any insurance coverage for damages to your vehicle.*** Payment of any claims by the County is secondary to your personal automobile insurance.

Any coverage for accidents while driving County-Owned vehicles or Personal vehicles is only available when:

1. You are driving as part of those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You drive in a reasonable, cautious, and prudent manner, and follow all applicable laws, with due regard for safety; *and*
3. You immediately report the accident to your manager or supervisor; *and*
4. You cooperate fully with County Risk Management and Legal Counsel.

The limits of this insurance coverage provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

**Limitations:** Josephine County will NOT provide you with insurance coverage, and you may be personally responsible for any bodily injury, property damage, or damage to a vehicle if:

1. Your actions are contrary to or not part of those duties assigned to you in your job description or by an authorized manager or supervisor; or
2. You act recklessly, maliciously, with the intent to cause damage or injury, or
3. You are accused of a crime; or
4. You fail to cooperate with the Risk Management Office or County Legal Counsel, or you act in a manner that is against the County's interests.

**ACKNOWLEDGMENT**

I have read and understand the “Insurance Coverage and Responsibilities of Volunteers”. I understand that if I am involved in any accident, or cited with a traffic violation, or if I have knowledge of any situation which may result in an injury to any person or property, I am required to immediately report the incident to my manager or supervisor.

**If I use a County-owned vehicle** in performing my volunteer duties, I understand and agree that:

- 1. I will only use the vehicle for trips that are directly related to my volunteer duties, and I will not use the vehicle for personal purposes.
- 2. I will follow all laws for driving the vehicle, and I will drive the vehicle in a reasonable, safe manner.

**If I use my personal vehicle** (including my ATV, specialty vehicle, aircraft, or other vehicle) in performing my volunteer duties, I understand and agree that:

- 1. I will maintain my transportation in good working condition, and I will maintain insurance coverage on my vehicle as required by Oregon law.
- 2. I understand that my own personal insurance will be responsible first, in the event of an accident.
- 3. I understand that the County will not pay for any damage to my vehicle.
- 4. I also understand that I must operate any vehicle in accordance with all the laws.

**If I use my personal animal** (i.e. horse, dog) in the performance of my assigned duties, I understand and agree that:

- 1. My animal must be trained in the tasks being required of it and well socialized with no aggressive behaviors prior to allowing it around people or other animals.
- 2. I must have complete control of my animal at all times.
- 3. The County will not pay for any medical treatment for my animal or any costs to replace my animal.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**My signature acknowledges that I have read and understand all responsibilities of a County volunteer and I have received a copy of the ‘Insurance Coverage and Responsibilities of Volunteers’.**



**CONFIDENTIALITY AND  
ETHICS AGREEMENT**

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

There are many specific laws on what information is considered to be confidential, and what information is considered to be public. In general, any information that relates to a specific person is confidential.

Disclosing confidential information will lead to immediate dismissal as a volunteer with Josephine County. In addition, disclosure of confidential information or improper use of confidential information to your benefit may result in criminal charges being brought against you. Fines range from \$2,500.00 to \$25,000.00, as well as imprisonment in jail.

**ACKNOWLEDGMENT**

**I acknowledge** that I have read and understand the above information:

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**IF YOU HAVE ANY QUESTION AT ALL AS TO WHAT SPECIFIC INFORMATION IS  
CONFIDENTIAL, SEE YOUR SUPERVISOR**