

Sensitive Assignment – Background Required

This form constitutes an agreement between the County of Inyo and volunteer (name):

BY SUBMITTING THIS APPLICATION, YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK ON YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. YOU WILL HAVE AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.

1. Do you use drugs illegally? ___ Yes ___ No
2. Have you ever been convicted as an adult of a criminal offense? ___ Yes ___ No.
 Provide dates, locations and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Code sections 11357(b) or (c), 11360(b), 11364, 11365, and 11550 as related to marijuana.
 Conviction is not necessarily a bar to volunteering. _____
3. Have you ever been charged with child neglect or abuse? ___ Yes ___ No.
4. Have you ever been charged with elder abuse? ___ Yes ___ No.
5. Has your driver's license ever been suspended or revoked? ___ Yes ___ No.
6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young or elderly people? ___ Yes ___ No. If Yes, explain:

The Volunteer Agrees to be Available:

HOURS		DAYS OF WEEK						
From	To	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Assignment Start Date: _____ End Date: _____

Assignment Description: _____

As a Volunteer, I understand, and agree with the following:

1. I am not an employee of the County of Inyo and am offering my services freely and without pressure or coercion, direct or implied, from the County. I am not entitled to nor expect to receive any present or future salary, wages, or other benefits for these voluntary services.
2. The County purchases the following excess insurance (excess over all other collectible private insurance I maintain) to cover the activities of myself while acting on behalf of the County: (a) Excess Accident Medical Coverage of \$50,000; (b) Excess Volunteer Liability Insurance of \$1,000,000; and (c) Excess Automobile Liability Insurance of \$500,000. I understand that the County does not provide workers' compensation coverage for volunteers.

COUNTY OF INYO VOLUNTEER POLICY

PURPOSE:

The purpose of this policy is to encourage and enable Inyo County Departments to utilize and support volunteers. It is the intent of this policy that volunteering will be of mutual benefit to the volunteer and the County.

DEFINITION OF VOLUNTEER:

- A volunteer is an individual who performs hours of service for the County of Inyo for civic, charitable, health, humanitarian, recreational, public safety or general welfare reasons, without promise, expectation or receipt of compensation for services rendered, except for reimbursement of expenses, nominal fees or a combination thereof.
- Individuals shall be considered volunteers only when their services are offered freely and without pressure or coercion, direct or implied, from the County.

An individual shall not be considered to volunteer if the individual is otherwise employed by the County to perform the "same type of services" as those for which the individual proposes to volunteer. The phrase "same type of services" means similar or identical services. The Fair Labor Standards Act prohibits such practice. In marginal cases, departmental volunteer coordinators shall contact Personnel for clearance. Volunteers do not supplant County employees; they assist paid staff or provide services that constitute elements of regular County positions and augment the established and mandated services of the County.

REQUIREMENTS FOR USE OF VOLUNTEERS:

Departments utilizing volunteers will designate an employee who will be the department volunteer coordinator. The coordinator shall be responsible for:

- (1) Developing job descriptions and duties for volunteers.
- (2) Coordinating with Risk Management to ensure background checks are conducted for sensitive assignments. Sensitive assignments include, but are not limited to:
 - a. Assignments that involve access to or custody of cash, equipment, drugs or confidential information;
 - b. Assignments involving the rendering of one-on-one services to children, individuals with disabilities, or senior citizens; and
 - c. Assignments to County departments that dispense County benefits to the public.
- (3) Ensuring that all that volunteers complete and submit Volunteer Enrollment documents. Those documents shall be provided to Risk Management prior to the volunteer start date so that appropriate insurance may be maintained.

- ... and fulfill the following:
1. Be courteous with the public in their requests for information and services.
 2. Accept the training, guidance and supervision provided by my supervisor.
 3. Conduct myself with professionalism and perform duties to the best of my ability.
 4. Comply with all rules and regulations regarding confidentiality and the code of conduct.
 5. Inform my supervisor when my time or knowledge may be insufficient to complete the assigned task.
 6. Maintain and exhibit a neat and clean appearance.
 7. Inform my supervisor when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation and training to the Volunteer as it pertains to respective assignment.
2. To utilize the Volunteer's time effectively and have assignments prepared.
3. To notify the Volunteer in advance if services are not needed.
4. To value and respect the Volunteer for their service to the public.
5. Track time when required for class credit or practicum experience.

Volunteer Signature & Date

Supervisor Signature & Date

COUNTY OF INYO - VOLUNTEER ENROLLMENT

Please provide the following information:

Your Name: _____

Street Address: _____

City: _____ Zip: _____ Telephone No.: _____

Name and telephone number of person to be contacted in case of an emergency:

Name: _____

Telephone No(s): _____ Relationship _____

Your Driver's License Number: _____ Expiration Date: _____

Auto Insurance Company: _____ Policy Number: _____

Health Insurance Company: _____ Policy Number: _____

The following information to be completed by the Department Volunteer Coordinator:

Position: _____ Location: _____

Duties (specific): _____

Supervisor: _____ Starting Date: _____

Ending Date: _____

Background Check Required (services to children, one-on-one services to individuals with disabilities or seniors; access to or custody of cash, equipment, drugs or confidential information; assignments to Departments that dispense County benefits to the public).

Yes: _____ Date Completed: _____

No: _____

Department Volunteer Coordinator

This form constitutes an agreement between the County of Inyo and volunteer (name): _____

The Volunteer Agrees to be Available:

HOURS		DAYS OF WEEK						
From	To	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Assignment Start Date: _____ End Date: _____

Assignment Description: _____

As a Volunteer, I understand, and agree with the following:

1. I am not an employee of the County of Inyo and am offering my services freely and without pressure or coercion, direct or implied, from the County. I am not entitled to nor expect to receive any present or future salary, wages, or other benefits for these voluntary services.
2. The County purchases the following excess insurance (excess over all other collectible private insurance I maintain) to cover the activities of myself while acting on behalf of the County: (a) Excess Accident Medical Coverage of \$50,000; (b) Excess Volunteer Liability Insurance of \$1,000,000; and (c) Excess Automobile Liability Insurance of \$500,000. I understand that the County does not provide workers' compensation coverage for volunteers.

As a Volunteer, I realize I am representing the County of Inyo during my assigned hours. It is my responsibility to understand, agree with, and fulfill the following:

1. Be courteous with the public in their requests for information and services.
2. Accept the training, guidance and supervision provided by my supervisor.
3. Conduct myself with professionalism and perform duties to the best of my ability.
4. Inform my supervisor when my time or knowledge may be insufficient to complete the assigned task.
5. Maintain and exhibit a neat and clean appearance.
6. Inform my supervisor when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation and training to the Volunteer as it pertains to respective assignment.
2. To utilize the Volunteer's time effectively and have assignments prepared.
3. To notify the Volunteer in advance if services are not needed.
4. To value and respect the Volunteer for their service to the public.

Volunteer Signature & Date

Supervisor Signature & Date

**COUNTY OF INYO
VOLUNTEER DRIVING STANDARDS FORM**

VOLUNTEER: _____ DATE: _____

DRIVER'S LICENSE NO.: _____ DEPT: _____

INSURANCE CARRIER/POLICY NUMBER: _____

I acknowledge that I received and read this Driving Standards Form and that I carefully read and reviewed the standards.

I particularly understand that the position to which I am being assigned requires operation of my private motor vehicle. A satisfactory driving record is required for appointment to a volunteer position that requires the operation of a motor vehicle. My driving record will be evaluated against the standards listed below.

I understand that I must notify my supervisor if, during the time of my volunteer appointment, I fail to maintain a satisfactory driving record.

DEFINITIONS:

- **Major or Capital Violations:** Serious convictions that indicate a disregard for public safety. Examples include, but are not necessarily limited to: driving while under the influence of intoxicants, hit-and-run, reckless driving, fleeing or trying to elude a law enforcement officer, driving with a suspended or revoked license.
- **Accident:** Accidents will be determined to be non-preventable when there is no corresponding citation date under the abstract section of the Department of Motor Vehicle report.
- **Moving Violation:** A moving violation is defined as a citation issued under the California Motor Vehicle Code, or similar code of another state (e.g. speeding, failure to yield).

STANDARDS: Except where the law may require a higher standard, the following criteria will be utilized as a definition of an **UNSATISFACTORY** driving record:

1. One conviction of a major or capital violation during the preceding 36 months.
2. Two or more accidents or moving violations during the preceding 36 months.

I certify that my personal driving record is satisfactory as described by the County of Inyo Driving Standards.

DATE:

Signature

REGISTRATION
LOCAL AND STATE INFORMATION



Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

This block to be completed ONLY by government agency or jurisdiction

ATTACH PHOTOGRAPH HERE

AGENCY OR JURISDICTION: _____ SPECIALTY: _____

EXPIRATION DATE:* _____ RENEWAL DATES: _____

PROCESSED BY: _____ DSW CARD ISSUED?: NO? YES? #: _____

DATE: _____ TO CENTRAL FILES: _____

TYPE OR PRINT IN INK

[REDACTED]		SSN:	
COUNTY:	HOME PHONE:	WORK PHONE:	
PAGER:	E-MAIL:	DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)	DRIVER LICENSE CLASSIFICATION: A? B? C?	LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)	OTHER DRIVING PRIVILEGES:	LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:		EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:
			WEIGHT: (optional)
			BLOOD TYPE: (optional)
COMMENTS:			

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the Accredited Disaster Council but not to exceed one year. (Sec Govt. Code §3102)

INYO COUNTY SHERIFF'S - SEARCH AND RESCUE
P.O. BOX 982
BISHOP, CA. 93514

NAME: _____
ADDRESS: _____
 LAST (print) FIRST MID
 STREET CITY ZIP
DRIVER'S LICENSE # _____ STATE : _____ PHONE # _____

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT

Employer: _____ Job Title: _____
Address: _____ Phone # _____
Duties: _____

Employer: _____ Job Title: _____
Address: _____ Phone # _____
Duties: _____

Employer: _____ Job Title: _____
Address: _____ Phone # _____
Duties: _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSE? _____
If yes, explain and list dates: _____

SEARCH AND RESCUE RELATED EXPERIENCE

Using a scale from 1 to 10 (ten being the highest level) estimate your abilities in the following areas.

BACKPACKING ___ ROCK CLIMBING ___ MOUNTAINEERING ___
CROSS COUNTRY SKIING ___ 4X4 DRIVING ___ DIVING ___ Cert # _____

MEDICAL EXPERIENCE: Check highest level
FIRST AID ___ CPR ___ EMT-1 ___ EMT-2 ___ OTHER _____

HAVE YOU EVER BEEN A MEMBER OF A SEARCH AND RESCUE TEAM? _____
If yes, name of team and location _____

I hereby certify that all statements made in this application are true and correct. I understand that my application will be reviewed by the Inyo County Sheriff's Department.

SIGNED: _____ DATE: _____

Coordinator: _____ Date: _____

**SEARCH AND RESCUE
MEMBER EMERGENCY NOTIFICATION CARD**

NAME _____

ADDRESS _____

DATE OF BIRTH _____ **SOC. NUMBER** _____

PERSONAL PHYSICIAN _____ **BLOOD TYPE** _____

RELIGIOUS AFFILIATION _____

PERSON TO BE NOTIFIED IN EMERGENCY

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE NUMBER _____