



# KLAMATH COUNTY

Human Resources Department  
Government Center 216 • 305 Main Street  
Klamath Falls, Oregon 97601-6332  
Phone (541) 883-4296

## Volunteer Application

TIER 1 2 3  
Circle One

Thank you for your interest in volunteering for Klamath County. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of Klamath County, we require potential volunteers to complete this questionnaire form and participate in a background check. Thank you for volunteering.

For which Department are you interested in serving as a volunteer? \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY INFORMATION

Name and contact information for the person(s) to reach in the event of an emergency.

Name	Phone Number	Relationship

Why do you wish to volunteer at Klamath County? \_\_\_\_\_

Have you previously worked as a volunteer? Yes No If so, where? \_\_\_\_\_

What type of skills can you offer as a volunteer?

List the past volunteer or paid positions you have held (attach an additional sheet if needed):

(1) Employer: _____	Address: _____	Phone: _____
Date Started: _____	Starting Salary: \$ _____ Per _____	Starting Position: _____
Date Left: _____	Ending Salary: \$ _____ Per _____	Position on Leaving: _____
Name of Supervisor: _____	Reason for Leaving: _____	
Description of Duties: _____		

**Please Note:** Incomplete volunteer applications will not be considered; you must answer every question. We will make reasonable accommodations in the application process upon request. Klamath County is an equal opportunity employer and endeavors to operate a drug & harassment-free workplace.

(2) Employer

Address:

Phone:

\_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Position on Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

- Are you at least 16 years old? Yes No
- Have you ever been employed by Klamath County? Yes No  
If yes, list dates of employment and position held \_\_\_\_\_
- Are any of your household members or close family relatives currently employed by Klamath County? Yes No  
If yes, please list name(s) and department(s) \_\_\_\_\_
- Are you able to safely perform the essential functions of the volunteer position for which you are applying with or without reasonable accommodation? Yes No
- Do you currently have a valid driver's license? Yes No State of Issue \_\_\_\_\_ License Number \_\_\_\_\_
- Do you have High School Diploma or GED? Yes No

### Volunteer Agreement and Signature

*I understand and agree to the following:*

- I will keep all issues pertaining to County business confidential.
- I may be subject to background and motor vehicle record checks.
- I will adhere by OR-OSHA safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I understand that Klamath County is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between Klamath County and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of Klamath County, which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or Klamath County.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED FOR ALL MINORS:

#### PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Klamath County. In the event of an emergency, accident, or illness, I authorize Klamath County and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Klamath County Background Release Form Please Read Carefully

Please PRINT legibly in INK and SIGN form. Do not leave any lines blank.

Last Name		First Name		Middle Name	
Maiden Name		Other Aliases			
Street Address			City/State/Zip		
Phone Number			Date of Birth		
Gender	Male ( ) Female ( )		Social Security Number		
Driver License #		State		Expires	

Please list the states and/or countries you have lived in since you turned 18. If you were convicted of a crime as an adult or pled guilty to a crime as an adult when you were under the age of 18, please list the state(s) in which that conviction/those convictions occurred.

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BY MY SIGNATURE BELOW I AUTHORIZE Klamath County to complete a background check. This authorization is valid for purposes of verifying information given in connection with an application for volunteer work with Klamath County.

BY MY SIGNATURE BELOW I AUTHORIZE all corporations, current employers, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons, to release the following (check all that you are authorizing):

- Employment References
- Personal References
- Educational Degrees
- Professional Certifications or Licenses
- Driving Record
- Criminal Background
- Character References

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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