

Volunteer Application



Address: 1300 NW Wall Street, Bend, OR 97701
Mailing: PO Box 6005 Bend, OR 97708-6005

Committee: Deschutes County Audit

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Business Phone: () - _____ Home/Message Phone: () - _____

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 an offense other than a minor traffic violation? If 'yes', please explain below the nature, date, and location. _____

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	From	To	Total # Credits	Degree	Month/Year

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

Signature

Date



Consent Form to Request Information for a Criminal Background Check

I understand that Deschutes County will conduct a criminal history background 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 Personnel Office representatives within three (3) business days of receipt of the report. If I notify Personnel 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 _____
(First) (Middle) (Last)

Social Security No.: _____ Date of Birth _____

Driver's License Number _____ State of License _____

Position Applied For _____ Department _____

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 Personnel 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.

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 working 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)

Signature

Date