



Volunteer ID: \_\_\_\_\_

# STANISLAUS COUNTY VOLUNTEER APPLICATION FORM

## ***VOLUNTEER INFORMATION:***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City/State Zip*

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp.: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
*Name Phone Number Relationship to Applicant*

How did you hear about Stanislaus County Volunteer Services?

- Website       County Dept/Employee       Teacher/School       Friend/Relative
- Volunteer Center/Presentation       Newspaper Article/Lend-A-Hand       Other: \_\_\_\_\_
- Send me e-mail notices of one-time-only/current volunteer opportunities?

## ***EDUCATION:***

Current Student - Grade Level: \_\_\_\_\_ School Attending: \_\_\_\_\_

High School Graduate       GED

College/University attended: \_\_\_\_\_

Certificate/Training/Licenses or Professional Registration: \_\_\_\_\_

## ***WORK EXPERIENCE: (PAID AND VOLUNTEER)***

Approximate Date, Company, Job Title & Duties:

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**SKILLS & INTERESTS:**

Special Interests or Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Opportunity Desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER AVAILABILITY:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time: _____	_____	_____	_____	_____	_____	_____	_____

**CRIMINAL HISTORY:**

Have you ever been convicted of a crime?  Yes \*\*  No  
(Do not include minor traffic offenses.)

\*\* If yes, you should be prepared to discuss details and circumstances during this placement interview. Please use the REMARKS section below to provide more information. Prior convictions will not necessarily exclude applicants from being hired.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# STANISLAUS COUNTY JOB CERTIFICATION

I have read the Job Description for each position I have selected and certify that I am able to perform all necessary and essential job functions and duties as outlined in the Job Description(s).

I understand, if for any reason I become unable to perform the functions of my volunteer position, I should advise my supervisor and discontinue my volunteer job.

I further understand, if I am unable to perform my job, I may contact the Stanislaus County Volunteer Services Coordinator, at the Volunteer Center of United Way for possible placement in another volunteer position.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*County Volunteer Coordinator*

\_\_\_\_\_  
*Parent Signature (if volunteer is a minor)*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



Volunteer ID: \_\_\_\_\_

## VOLUNTEER CONDUCT/BEHAVIOR EXPECTATIONS POLICY ACKNOWLEDGEMENTS

The mission of the Stanislaus County Human Resources Unit is to create an environment that cultivates, attracts, and retains an outstanding workforce. The County also needs to keep our volunteers educated, informed, and up to date regarding what conduct and behavior is expected and anticipated. Presently, the County has over 4,000 employees who work in hundreds of different job classifications and are covered by rules and policies in the form of County Ordinances; Resolutions of the Board of Supervisors; Memorandum of Understanding with employee bargaining units; and County administrative rules, regulations and policies. The Human Resource Unit appreciates the skills of our volunteers and understands that your contributions allow County departments to provide additional services to our customers.

Stanislaus County has a new Personnel Manual dated June 2004 that clearly defines behavior expectations for employees as well as volunteers. Many of these policies were specifically designed to protect you, keep you safe and ensure your well being. As a condition of being a volunteer, you are responsible for reading and understanding the policies listed in the chart below. **After you have read each policy, please put your initials in the far right column to confirm your understanding.** These policies and/or ordinances can be obtained in several ways. These methods include but are not limited to:

- The Personnel Manual located in each department;
- The Personnel Manual on-line at [www.co.stanislaus.ca.us](http://www.co.stanislaus.ca.us) under Working for the County; and/or
- By contacting the Chief Executive Office at 209-525-6333.

Policy/Ordinance	Location	Page Number	Initials
<b><i>Smoking in County Facilities</i></b>	Tab 16	Page 3	
<b><i>Smoking in County Vehicles</i></b>	Tab 16	Page 3	
<b><i>Code of Ethics</i></b>	Tab 16	Page 4	
<b><i>Internet and E-Mail Policy</i></b>	Tab 16	Pages 9-11	
<b><i>Harassment Policy</i></b>	Tab 16	Pages 16-19	
<b><i>Health Insurance Portability and Accountability Act - HIPAA</i></b>	Tab 16	Page 20	
<b><i>Information Technology Security Policy - End User Policy</i></b>	Tab 16	Pages 26-30	
<b><i>Use of County Vehicles, Aircraft and Other Transportation Equipment</i></b>	Tab 16	Page 31	
<b><i>Drug Free Workplace Policy</i></b>	Tab 08	Pages 1-7	
<b><i>Security and Violence in the Workplace</i></b>	Tab 18	Pages 4-27	

I certify that I have read, understand and agree to adhere to and follow the above referenced policies. I further understand that penalties for violations of any of these policies may include being released from my volunteer assignment.

PRINT FULL NAME: (FIRST, MIDDLE INITIAL, LAST)	SIGNATURE:
STANISLAUS COUNTY DEPARTMENT:	DATE SIGNED:

