

### **VOLUNTEER APPLICATION**

Tillamook County, Oregon201 Laurel Avenue, Tillamook, Oregon 97141(503) 842-3418

Last	First	Middle
		Zip:
		Fax:
		# and state:
	ce the kind of volunteer jobs that interest you	
1	2	3
	inteering?	
		no previous experience or training will not disqualify
Previous volunteer experience		
	ilability: Weekdays AM Weekdays PM	
List the maximum hours per w	eek you are willing to volunteer:	
	a commitment of time. Please tell us for how 1-3 months 7 6-12months 7	
Will your volunteerism fulfill a	any of the following obligations? Community	Service Work-study Job Training
Are you currently volunteering	with the county in any other capacity?	
Do you have any relatives wor	king or volunteering with the county?	
Please list any accommodation	s you would require or any limitations we sho	buld be aware of:
Please be advised that if you to your application being app	volunteer to work with or around children proved.	a background investigation shall be required prior
misrepresentation of credentials may re-	ormation above is true and correct to the best of my knorsult in this application being disqualified from further conformation you provide on this application may become	wledge and that I understand any misstatement of fact or onsideration or, subsequent to my acceptance as a volunteer with the part of the public record.
Volunteer's Signature:		Date:
Department Head Signature:		Date:
OFFICE USE ONLY: Application:	enied Reason:Start date:En	d Date:



### TILLAMOOK COUNTY REQUEST AND AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF LIABILITY/CLAIMS, AND AGREEMENT NOT TO SUE

To Whom It May Concern:

I, the undersigned, have applied for employment with Tillamook County. I request and authorize you to furnish to Tillamook County any and all information you may have regarding my employment including, but not limited to, evaluations or assessments of my job performance and educational records, and my driving record. In addition, I request and authorize you to furnish information related to arrests and convictions.

I also authorize Tillamook County to investigate my criminal history, if any. I request and authorize you to provide any and all related information. I understand that a record of conviction does not necessarily disqualify me from employment. I agree to be fingerprinted prior to a job offer should that be required of me for possible employment.

I request and authorize you to provide the information when requested in writing or in a telephone or in-person interview with a representative of Tillamook County.

In consideration of your cooperation with this request, I hereby release Tillamook County, you, and any and all other persons employed by or connected with your agency/organization from any and all liability and/or claims now or in the future arising from the furnishing of any information, including good faith expressions of opinion, to Tillamook County as requested. I further agree not to sue Tillamook County, you, or any and all other persons employed by or connected with your agency/organization as a result of the furnishing of any information, including good faith expressions of opinion, to Tillamook County.

I am aware and understand that the information and good faith opinions furnished to Tillamook County pursuant to this request will remain confidential with the County as requested by you, and will not be disclosed to me or to any other person, except as required by law.

Applicant's Name (First, Middle, Last)	Former Name(s)	Date of Birth
Social Security Number	Driver's License Number	DL Issuing State
Applicant Signature	Today's Date	For Office Use Only

Note: Photocopy or FAX reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

G:\Recruitment\NEOGOV\Interview Materials\Authorization to Release\Authorization to Release Form 2020.doc

TILLAMOOK COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



## Tillamook County Volunteer Emergency Contact Information Form

# Please return this completed form with Volunteer Application

Name:					
Mailing Address:					
City:			State:	Zip:	
Physical Address:					
City:			State:	Zip:	
Home Phone: Cell Phone Home email:					
#1 Emergency Contact	Name:				
Address:					
Primary Phone:	Secondary:	Secondary:		Work:	
Relationship:	I		L		
<b>#2</b> Emergency Contac	t Name:				
Address:					
Primary Phone:	Secondary:	Secondary:		Work:	
Relationship:					
#3 Emergency Contact	Name:				
Address:					
Primary Phone:	Secondary:	Secondary:		Work:	
Relationship:					
Volunteer Signature:			Date:		

# Please return this form along with the Volunteer Application to the department that you would like to volunteer with.

The Department Director or Program Manager will accept, review and process this form and the Volunteer Application. Human Resources and the potential volunteer will be advised of the status of the application as soon as practicable.

Thank you for your desire to volunteer for public service with Tillamook County.