



Intern/Volunteer Application

Supervisor: Bob Moore Dept.: COPY Program

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Work Phone: () _____ Home Phone: () _____ Cell Phone: () _____

Driver's License #: _____ State: _____ Email Address: _____

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a citizen of the United States or, if not, are you legally authorized to work in the U.S.?
<input type="checkbox"/>	<input type="checkbox"/>	As an adult, have you ever been convicted of a misdemeanor or felony (including arrests that result in diversion or expungement)? If 'yes', please state below the nature, date and jurisdiction of each conviction, diversion or expungement. (The incidents will be evaluated for each position and are not necessarily disqualifying.)

Please indicate (X) which day/hours you are willing to accept/are available for:

Evenings Weekdays
 Weekends Other _____

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	Total # Credits	Degree



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

LICENSES/CERTIFICATES: List licenses or certificates you possess which may relate to the volunteer work you are applying for (i.e. driver's license, First Aid, CPR, etc.)

Title	Number	Issuing Agency	Date Issued	Date Expires

EXPERIENCE: Please list in chronological order, your complete work history, including paid and volunteer positions, military and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate.

Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	
Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Total Years/Months:			
<input type="checkbox"/> Volunteer		Reason for Leaving/Comments:	

Conditions of Volunteer Service - Deschutes County

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for service a volunteer with Deschutes County.

I authorize Deschutes County to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify information provided on this Application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Deschutes County information concerning this Application, my background and my suitability for service as a volunteer with Deschutes County. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release Deschutes County and its elected officials, officers, employees and agents from liability for any use or disclosure for purposes related to consideration of my Application to serve as an employee with Deschutes County, of any information obtained related to my Application.



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I further understand and agree that I may be required to undergo a personal background check for certain positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Deschutes County Computer Clearing House files. I hereby authorize Deschutes County to conduct a personal background check, as deemed necessary for my position.

If selected as a volunteer for Deschutes County I will conform to the rules and regulations of Deschutes County. I understand and agree that my service as a volunteer can be terminated by Deschutes County at any time for any reason and that, as a volunteer, I have no expectation of or any right to any salary, wages or other employment benefits with Deschutes County.

I have read, understand and agree to the *Conditions of Employment* set forth above.

Signature

Date