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Appendix D Placer County Volunteer Application (Non-Disaster Service Worker)

PLEASE PRINT				
Applicant Name:				
(Last)		(First)	(MI)	
Volunteer Position:				
Address				
Address: (Street)	(City)	(State)	(Zip Code)	
Phone Number:				
(Home)		(Work)	(Mobile)	
Email Address:				
For volunteers under the age of 18, plea	ase provide:			
Guardian Name:				
(Last)		(First)	(MI)	
Address:				
(Street)	(City)	(State)	(Zip Code)	
Phone Number:				
(Home)		(Work)	(Mobile)	
Email Address:				
Please attach photocopy of Driver's Lice	ense and Work P	ermit (if applicabl	e).	
Explain why you are interested in this a	ssignment:			
List all experience and/or skills you hav	e in relation to t	he volunteer assig	nment you are applying for:	

Please provide three non-related personal references:

Name	Title/Relationship	Address	Phone Number	
Name	Title/Relationship	Address	Phone Number	
Name	Title/Relationship	Address	Phone Number	
What times of the	e day are you most available to	volunteer?		
Monday: a.m	p.m Wednesday: a	a.m p.m	Friday: a.m p.m.	
Tuesday: a.m	p.m Thursday:	a.m p.m	Saturday: a.m p.m.	
Do you have any health limitations that may restrict your performance of assigned duties? Yes No If yes, please provide the specific limitations (i.e. pushing, pulling, lifting, etc.):				
I am physically able to perform above services and am not aware of any physical limitations that would preclude me from performing such services. I have read and signed the liability release located in Appendix F of this packet.				
	(Volunteer Applicant Signature	e)	(Date)	
(Gua	ordian Signature if applicant und	er 18 years old)	(Date)	

Appendix E Placer County Agreement and Release Regarding Voluntary Services (Non Disaster Service Worker)

l,		, hereby acknowledg	ge that I have voluntarily
applied to participate in performing certa am voluntarily participating in these active the course of performing these services. the policy of the County of Placer to cove Compensation benefits. I also understand benefits will be the sole and exclusive rereand services.	vities with the knowled I have been advised the er volunteers as employ nd that, under Workers	ge that there is some risk at, by Resolution of the E ees of the County for pu Compensation laws, Woi	that I may be injured in Board of Supervisors, it is rposes of Workers rkers Compensation
With the exception of Workers C guardians, legal representatives and assign Placer or any of its agents, officers, or emcaused, by any employee, agent, or officer activity or services. In addition, I hereby employees from all actions, claims, and dhave or may hereafter have for injury or services.	gns will not make a clair nployees, for injury or d er of the County of Plac release and discharge t demands that I, my heir damage resulting from	m against or file an action amage resulting from ne er as a result of my partion he County of Placer, its a s, guardians, legal repres my participation in these	n against the County of gligence, howsoever cipation in this volunteer gents, officers, and entatives or assigns now e volunteer activities or
I HAVE CAREFULLY READ THIS AC THIS IS A PARTIAL RELEASE OF LIABILITY A SIGN IT OF MY OWN FREE WILL.			
Date:	Signature:		
	_	Volunteer	
Date:	_ Signature:		
		Parent or Guardian	
Date:	Signature:		
		Witness	
Date:	Signature:	Division Hond	
		Division Head	
Date:	Signature:	Department Head	

Appendix F Placer County Volunteer – Oath of Confidentiality (Non Disaster Service Worker)

I, the undersigned, hereby agree not to divulge or distribute any information or records I may encount	ter
during the performance of my duties with Placer County.	

I agree that any discussions, records and information that I have access to in connection with these activities will not be disclosed to any unauthorized person.

I recognize that unauthorized release of confidential information may expose me to civil/criminal liabilities and fines under Federal, State and local governmental regulations.

Executed this day of	f, at	, California
SIGNATURE:		
NAME (Print):		

Appendix C Placer County Volunteer Bi-Annual Report (Non-Disaster Service Worker)

Department Name:	Department Head:		
Period of Report: (Circle) 1 st Half (7/1 - 12/31)	2 nd Half (1/1 - 6/30)	Year: 20	
Complete for all department volunteers (attach ad			
Name:	Hours Volunteered:		
Name:	Hours Volunteered:		
Name:			
Total Current Volunteers for this Period:	Total Hours Volunteered:		
Volunteers new to the department during	Volunteers leaving the department	ent during the	
reporting period:	reporting period:		
Name:	Name:		
(Department Head Signatur	e) (Date)		

Appendix A Placer County Volunteer Assignment Description (Non Disaster Service Worker)

Department/Division/Program:			
Assignment Title:	Re	eports to:	
This position requires: Driver License	Fingerprinting	(if applicable)	1-
Use of Placer County vehicles to perfor	m task	Use of private vehicle to perform to	ISK
Purpose/Goal of Assignment:			
Qualifications/Skills/Certifications Needed	l:	4	
1.		7	
2.			
3.		OK.	
4.	/.	O'	
Duties/Responsibilities:	C		
1.			
2.			
3.			
4.			
Time Commitment:	•		
Length (months):	# Hours per day:		
# Days per week:	Or month:		
Training Provided:			
Worksite Name/Location:			
Phone:			
Contact for More Information:		Phone:	
(Volunteer Signature	e)	(Date)	
(Supervisor Signature	e)	(Date)	

Appendix B Placer County Volunteer Risk Assessment (Non-Disaster Service Worker)

Volunteer Assignment:	Department:	
Work Location: A	ssessment Date: Min. A	age (specify):
Driver License Required? Yes No	Ability to Lift 25 lbs Repeatedly?	res No
Check left column to sho	w potential hazards of this volunteer p	oosition
Hazard Source	Protective Measures Required	Necessary Training
Bites: snakes, dogs, insects	Protective clothing, footwear, gloves	Hazard specific training
Heat Stress: heat stroke, exhaustion, or dehydration	Ventilation, heat resistant clothing, water to replenish lost fluids	Recognition of heat stress signs
Sun Exposure: skin cancer or vision damage	Sunscreen, brimmed hat, ultraviolet eye protection and protective clothing	Sun hazard awareness
Driving: injury to vehicle occupants from collision	Seat belts	Defensive driving
Traffic: injury to workers from motor vehicle traffic or heavy equipment	Proper footwear, hard hat or eye protection, orange safety vest, traffic cones, signs and flares	Traffic control, working around heavy equipment
Office Equipment: paper cutters, shredders, file cabinets, computer screens or keyboards	Proper footwear and clothing for office	Safe operations specific to equipment, RMI prevention
Hand Tools: powered or unpowered	Proper footwear, clothing and eye protection	Safe hand tool use, RMI prevention
Footing Traction: slippery, uneven or unstable walking surfaces/terrain	Proper footwear	Slips, trips and falls protection
Ladders: freestanding or fixed	Proper footwear, safety tie offs, bracing	Ladder safety
Elevated work surfaces: falls from height	Fall protection, proper footwear	Slips, trips and falls
Noise: noise from machinery/equipment	Hearing protection	Hearing conservation
Body Position/Leverage: strenuous or repetitive lifting, carrying or pulling	Back brace, lifting and carrying aids such as hand trucks, dollies or slings	Safe lifting and carrying, back safety awareness
Chemicals: gases, vapors or liquids which when inhaled, ingested or touched can cause injury of illness	Protective clothing, gloves, glasses/goggles, if indicated, appropriate respirator	MSDS, fire extinguisher, chemical specific handling, hazardous materials training
Biowaste: bodily fluids or OPIM	Gloves, face and eye protection	Bloodborne pathogen training
Additional Hazards:		

Additional Hazards:		
Vol	unteer Signature	Date
Sup	ervisor Signature	Date