



# VOLUNTEER PROGRAM

Appendix A

## Volunteer Scope of Services

**(Please type or print clearly)**

Volunteer Name: \_\_\_\_\_ Supervisor: JOSH CASTILLEJA  
(Print Name)

Department: BENTON COUNTY CANINE SHELTER Supervisor Signature: \_\_\_\_\_

**Specific Duties:**

WALKING DOGS  
SPENDING TIME WITH DOGS

**Time Keeping Requirements:**

Volunteers will maintain a record of volunteer hours on the attached time sheet (or similar form) and provide the signed time sheet to their immediate supervisor on the last day of each month of volunteer service. Supervisors are responsible for reviewing the sheet for accuracy and forwarding it to Human Resources no later than the 5<sup>th</sup> of each month.

**Reporting and Supervision:**

The Supervisor noted above will be the direct report for volunteer training, assignment, and supervision.

**Training Requirements:**

N/A

**Personal Protective Equipment to be provided by the County:**

(Volunteers should not perform any tasks without proper personal protective equipment)

LEASH

I hereby certify that I have reviewed this scope of volunteer services and will adhere to the specific duties of the volunteer position described above.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# VOLUNTEER PROGRAM

Appendix B

## Volunteer Application

**(Please type or print clearly)**

Volunteer Name: \_\_\_\_\_  
*First, MI, Last (Please Print)*

Home Phone: \_\_\_\_\_  
*(With Area Code)*

Parent/Guardian  
Name (if under 18): \_\_\_\_\_  
*First, MI, Last (Please Print)*

Cell Phone: \_\_\_\_\_  
*(With Area Code)*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City, State, Zip*

Email: \_\_\_\_\_

Please indicate areas of volunteer service that interest you:

Please list any accommodations you need to perform volunteer duties:

Please list your hobbies, skills, or special knowledge you think would help in your volunteering:

Please indicate the dates and times you are available to volunteer:

Date of Week	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list two (2) references (who are not relatives) that we may call on:

Name	Relationship	Phone (With Area Code)

\*\*\* Signatures on following page \*\*\*



# VOLUNTEER PROGRAM

Appendix B

## Important Disclosures:

**PUBLIC RECORD:** Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

**BACKGROUND CHECKS:** You may be required to consent to a background check in accordance with RCW 43.43.830-839 for the limited purpose of the County determining your suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults or who will be working with confidential information or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

**NON-DISCRIMINATION.** Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

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

Volunteer Applicant Signature: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_  
*(If Volunteer is under 18 years old)*

Signature of Parent or Guardian: \_\_\_\_\_  
*(If Volunteer is under 18 years old)*



# VOLUNTEER PROGRAM

## Volunteer Background Check Authorization

**(Please type or print clearly)**

Volunteer Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*First, MI, Last (Please Print)* *(With Area Code)*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(With Area Code)*

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*City, State, Zip*

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Acknowledgment

A background check is required of Benton County volunteers. Successful completion of the background check, as determined by Benton County, is required prior to the first day of service. I understand that my volunteer status with Benton County is contingent upon the results of a background check. I understand that adverse findings during my background check may result in withdrawal of any volunteer assignment with Benton County. I further understand that if I am found to have made any false or misleading statements in my application or background check materials, I will have my volunteer status terminated, and may subject myself to criminal prosecution.

### Authorization and Release

I hereby authorize Benton County (including but not limited to Human Resources Department, Sheriff's Office, Juvenile Justice Center, and/or Corrections Department personnel) to conduct a background check in connection with my application for a volunteer assignment with Benton County. I understand that this background check may include, but is not limited to, a review of records on file with the Washington State Patrol, the FBI National Crime Information Computer (NCIC) and Interstate Identification Index (III), local law enforcement agencies, the Department of Licensing, courts of law, and other agencies

I hereby authorize and request any person, government entity, law enforcement or criminal justice agency, and/or other organization (public or private) to provide any information and/or records solicited by Benton County in connection with my volunteer application with Benton County. I hereby release those persons and entities, and Benton County, its elected officials, judges, directors, appointees, managers, employees, volunteers, and agents from any and all liability that may result from providing and/or soliciting such information and/or records.



# VOLUNTEER PROGRAM

I have read, fully understand, and voluntarily provide this Authorization and Release. By signing below, I also certify, under penalty of perjury as provided by the laws of the State of Washington, that I am the person identified above, and that all of the biographical, adverse history, and other information provided above is true, correct, and complete to the best of my knowledge.

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

Printed Name of Volunteer Applicant: \_\_\_\_\_

Volunteer Applicant Signature: \_\_\_\_\_

Background checks for volunteers under 18 years of age require parent or guardian approval

Printed Name of Parent or Guardian: \_\_\_\_\_  
*(If Volunteer is under 18 years old)*

Signature of Parent or Guardian: \_\_\_\_\_  
*(If Volunteer is under 18 years old)*