

Previous Volunteer Experience

Organization: _____ Dates: _____

Organization: _____ Dates: _____

Previous Employment Experience (Attach resume, if you desire)

Employer: _____ Phone: _____

Address: _____ Contact: _____

References:

Name:	Address:	Phone:
Name:	Address:	Phone:

Person to contact in case of an emergency:

Name: _____ Relationship: _____ Phone: _____

I understand as a Senior Services volunteer I serve at the pleasure of the Director. I may terminate the volunteer relationship at any time for any reason. Likewise, the Department may terminate the volunteer relationship at any time for any reason. I hereby authorize Douglas County to contact any source to verify and obtain information in assessing my qualifications, including but not limited to past/present employment, motor vehicle agencies, law enforcement agencies and references unless otherwise specified and hereby release all persons, whomsoever, from any legal liability for furnishing said information. I am applying for a volunteer assignment serving vulnerable persons and if I refuse to consent to a criminal history check, my application will receive no further consideration. I certify there are no misrepresentations or falsifications on this application and I am aware that any misstatements may cause disqualification of my application.

Signature: _____ Date: _____

Department Attachments (if required)

Criminal History Check	Yes	No	Approved by _____
Driving Record	Yes	No	Approved by _____
Signed Volunteer Policy	Yes	No	Approved by _____

Director Approval: _____ Date: _____