



VOLUNTEER APPLICATION

CLALLAM COUNTY
 COUNTY COURTHOUSE
 223 E. 4TH STREET, SUITE 7
 PORT ANGELES, WA 98362

GENERAL INFORMATION

Name (First, Middle Initial, Last):	Date of Birth
Mailing Address:	City, State Zip:
Day Phone: Evening Phone:	Email:
	Do you have current First Aid YES NO Do you have current CPR YES NO

EDUCATION/KNOWLEDGE/SKILLS

Last grade completed:	Degree and/or Major:
Name of school, if presently in school:	
Occupation/Work experience:	
Place of employment, if employed:	
Volunteer experience:	
Special training/courses (include computer training):	
Are you fluent in any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please list _____	

Indicate the type of volunteer work you are interested in

<input type="checkbox"/> Adopt-a-Park	<input type="checkbox"/> Camp Host	<input type="checkbox"/> Streamkeepers
<input type="checkbox"/> One day park project	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> County Fair
<input type="checkbox"/> Olympic Discovery Trail	<input type="checkbox"/>	<input type="checkbox"/> Juvenile Services
<input type="checkbox"/> Sheriff Department/SAR	<input type="checkbox"/>	<input type="checkbox"/>

Commissioned Sheriff Reserves must complete separate application packet provided only through Sheriff's Department

Time Commitment (check one category): 1 day 1 month 6 months 1 year

How did you hear about our volunteer opportunities (check all that apply)? School County Posting Brochure
 Newspaper Radio/TV Other (specify) _____

REFERENCES

Please list three people (not related to you) that know you that we could call for a reference:

Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____
Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____
Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: _____	Department: _____
Name of Relative: _____	Department: _____

EMERGENCY CONTACTS

Please list two people to notify in case of emergency. *If under 18 years of age, please list a parent/guardian as ONE of the two people to contact in case of an emergency.*

Name: _____	Relationship: _____
Address: _____	
City:, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____
Name: _____	Relationship: _____
Address: _____	
City:, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____

ACCOMMODATIONS

PLEASE NOTE: Clallam County will provide reasonable accommodations for the testing and interview of qualified volunteer applicants upon request. Providing for accommodations will not affect consideration of your application. Please indicate if an accommodation is necessary and how we might assist you:

GENERAL INTEREST

1. What would you like to get out of volunteering? What would make you feel you have been successful?

2. What aspects have you enjoyed most about your previous paid or volunteer work?

3. What skills or strengths do you feel you have to contribute?

4. If you become employed (if not currently), how will this affect your volunteer work?

Notice to Volunteers

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides injury compensation, should that be necessary, and recognition benefits. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the county.

SIGNATURE: _____ **DATE:** _____

COUNTY USE ONLY BELOW THIS POINT	
Date Received: _____	Dept./Program: _____
Supervising Dept: _____	Dept Contact & Phone: _____
Date Sent: _____	Date Started: _____
Supervising Dept: _____	Dept Contact & Phone: _____
Date Sent: _____	Date Started: _____
Background conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional processing comments:	