



County of Sonoma  
**VOLUNTEER PROGRAM**  
 Personnel Department  
 575 Administration Dr., Suite 116B  
 Santa Rosa, CA 95403  
 (707) 565-2317



Status
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<b>VOLUNTEER APPLICATION / CONTRACT</b> for <b>DEPARTMENT OF EMERGENCY SERVICES</b> <b>Auxiliary Communications Service (ACS)</b>		Date:
		OFFICE USE ONLY
		Referred to: <span style="float: right;">Job Status</span>
		1.
		2.
First Name <span style="float: right;">Last Name</span>		3.
		4.
Mailing Address:	Home Phone:	Pager / Cellular Phone:
City:	Work Phone:	E-Mail:
Zip Code:	<b>** Are you over the age of 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

MAJOR WORK EXPERIENCE			
Job Title/Position	Company/Organization	Duties	How Long?
Current:			
Work History:			

VOLUNTEER EXPERIENCE			
Job Title/Position	Company/Organization	Duties	How Long?

SPECIAL SKILLS, CERTIFICATES OR LICENSES
FCC Amateur Radio License (Call Sign and Expiration Date): Interpreter: Language(s) Other:

TRANSPORTATION
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been put on probation or has your driver's license been suspended or revoked within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

***Some jobs may require a background check. Please fill this section in if you are applying for such a position.***

Birth Date:

CA Driver's License #:

Social Security #:

Have you been convicted of a felony or misdemeanor within the last 10 years?  Yes  No

If you, please explain:

I authorize the County to perform a background check as necessitated by the volunteer position I'm applying for.

SIGNATURE \_\_\_\_\_

### **VOLUNTEER POLICIES HANDBOOK RECEIPT AND ACKNOWLEDGMENT**

I hereby acknowledge that I have received a copy of the Sonoma County Department of Emergency Services Volunteer Policies Handbook. I have read the handbook and understand its contents, and have had an opportunity to ask any questions regarding its contents. I understand that this handbook expressly supersedes all prior handbooks, rules or policy statements on subjects covered herein or any other subject relating to terms and conditions of my volunteer assignment. I acknowledge that the Sonoma County Department of Emergency Services reserves the right to change, modify, or delete any part of this handbook at any time. The Department also reserves the right to deviate from the written policies set forth in the handbook if, in its sole discretion, it deems this appropriate.

### **CODE OF CONDUCT CERTIFICATION**

I certify that I have read and understand the Code of Conduct of the Department of Emergency Services and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interests of the Department of Emergency Services. Should such conflicts or apparent conflicts of interest arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter.

I also agree, during the term of my affiliation with the Sonoma County Department of Emergency Services, to report promptly to the appropriate person, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the Department of Emergency Services.

### **VOLUNTEER CONTRACT**

JOB TITLE: ACS Volunteer SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: 707/565-1152

DURATION OF CONTRACT: Start Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I have reviewed the job description and am prepared to fulfill my responsibilities for the duration of the contract. I have no known ailments which preclude my placement in this positions.

Volunteer Name (print) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Dated: \_\_\_\_\_

**-- OFFICE USE ONLY --**

I have reviewed the job description and am prepared to provide training, support, and evaluation in order to assist the volunteer in fulfilling his/her responsibilities.

Signature of Staff: \_\_\_\_\_ Dated: \_\_\_\_\_

***County of Sonoma reserves the right to terminate this contract at any time with or without cause.***