



PORTAGE COUNTY VOLUNTEER REGISTRATION FORM & WAIVER (FORM 1-A)

Date: _____ Department: **UW-Extension (4-H)**

Print Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ E-mail: _____

Have you ever volunteered before? Yes No

Where did you hear about our volunteer program? **4-H Youth Development**

Do you have a specific volunteer interest? **N/A**

How many hours per week would you like to volunteer? **N/A**

We would like to get to know you better, please list two personal references - friends, volunteer organizations, schools or businesses, with contact information.

1. _____ 2. _____

If 18 years of age or older, have you ever been convicted of either a felony or misdemeanor?

Yes No

If yes, provide dates and detailed information (including misdemeanor offenses): _____

Portage County Volunteers have the following rights & responsibilities.

Your Volunteer Rights

- Coverage by County liability insurance policy when performing volunteer duties.
- Accurate and truthful information.
- A meaningful and challenging volunteer assignment that "fits" you.
- Safe and healthy work conditions.
- Equal opportunities and freedom from discrimination.
- A well-defined description of the work to be done with clear and specific instructions and appropriate training and supervision.
- To know who your volunteer supervisor is and how to contact him/her.
- To know that you are not filling a position previously held by a paid worker.
- To be given a copy of the County's volunteer policy upon request and any other policy that affects your work.
- Feedback on the work you perform and opportunities for input.
- To be recognized for volunteer accomplishments within established County policies.
- To work in partnership with staff to assist in the County's mission.

Your Volunteer Responsibilities

- To act professionally, appropriately, and lawfully and not under the influence of alcohol or illicit drugs while volunteering.
- To ask questions if you need clarification or help.
- To accept that tobacco use is prohibited while you're engaged in volunteer duties.
- To maintain current auto insurance if you are using your vehicle during the course of volunteer activities.
- To accept that your volunteer assignment may be terminated at any time.
- Not to solicit or accept gifts of significant value (\$25 or over), favors, gratuities, or services during or as a result of your volunteer duties.
- To refrain from being engaged in political campaigning of a personal nature in the course of your volunteer duties.



PORTAGE COUNTY VOLUNTEER REGISTRATION FORM & WAIVER (FORM 1-A)

WAIVER OF LIABILITY

In consideration of my participation in Portage County volunteer programs, volunteer acknowledges the availability of excess accident and medical coverage insurance for any injury sustained during the service. Volunteer agrees that such insurance is the sole remedy available to him or her and agrees to hold Portage County harmless against any other claims or causes of action including without limitation, those based on death, bodily injury, property damage, including consequential damages.

I certify that all information provided on this application and during the interview process is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance, dismissal, or other action if discovered at a later date and that appointment to a volunteer position may be contingent upon the completion and review of a background check.

OPTIONAL PHOTO RELEASE: Volunteer involvement with Portage County may include coverage in the media. I grant Portage County permission to the use of my likeness, voice, photograph, words and any other creative work without payment or consideration by the media or Portage County.

_____ Please initial

YOUR SIGNATURE _____

DATE _____

GUARDIAN'S SIGNATURE _____

DATE _____

(Required if less than 18 years of age)

In case of emergency please notify:

Name _____

Phone _____

Doctor _____ City _____

Phone _____

Department Use Only

If applicable, indicate the term of volunteer service:

- One-time Volunteer
- Long-term Volunteer
- Short-term Volunteer ____ (start date) - ____ (end date)