



VOLUNTEER PROGRAM VOLUNTEER SERVICES APPLICATION

Thank you for considering Henderson County as an opportunity for your volunteer activity. The Department will consider your application as seriously as you offer it, and will contact you if a suitable volunteer opportunity is available. Please provide the following information.

Volunteer Position Desired:		Department:	
Full Legal Name: (Please Print)			
Street Address:			
City:	State:	Zip Code:	
Home Phone Number: ()		Cell Phone Number: ()	
Email Address:		Driver's License Number:	State:
What skills do you have that will assist you with this volunteer position? (Ex: Computer, office skills, artistic/athletic abilities, experience with animals, etc)			
Are you 18 years of age or older? ☐ Yes ☐ No		Currently employed by Henderson County? ☐ Yes ☐ No	
If yes, in what Department?		Position?	
Criminal History: Have you ever been convicted or pleaded guilty before a court for any federal, state or municipal criminal offense? (Not including minor traffic misdemeanors.) ☐ Yes ☐ No If yes, please provide details below: (Include, State, County, Date of Offense and Details of Conviction)			
Consent to Perform Background Check: In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Henderson County and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to Henderson County's use of any information provided during the application process to perform the volunteer services related background check. I agree to release, indemnify and hold harmless Henderson County and any agency used by Henderson County with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of Henderson County.			
Certification of Information Provided: I hereby certify and attest that all information provided is true, correct and complete. I understand that any falsification of information will disqualify me for volunteer assignments with Henderson County.			
Acknowledgement of Workers' Compensation: If approved as a volunteer, I hereby acknowledge that as a volunteer for Henderson County I am not an employee of the County, but that I am covered under the County's Workers' Compensation policy. As a volunteer who is covered under Henderson County's Workers' Compensation policy, I expressly agree and acknowledge that Workers' Compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the County of Henderson, its employees, officers, agencies, other volunteers and officials. Furthermore, I agree that should I become injured while performing services assigned as a volunteer for Henderson County, I will immediately inform my supervisor.			
Applicant Signature:		Date:	
Parent or Guardian Printed Name and Signature (if applicant is a minor):		Date:	

If approved as a volunteer, we request each volunteer provide us with an emergency contact.

Emergency contact: (Name)	(Phone)
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FOR INTERNAL USE ONLY

Identification Verified: ☐ Yes ☐ No	
Document Presented:	Expiration Date:
Background check conducted? ☐ Yes ☐ No	Background Findings ☐ Acceptable ☐ Unacceptable
Reviewed by: (Staff Signature)	Date: