

# Stanislaus Animal Services Agency



## Volunteer Application

OFFICE STAFF - P# _____
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### Contact Information

Name – First and Last	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Age	<input type="checkbox"/> 14-15 years old <input type="checkbox"/> 16-17 years old <input type="checkbox"/> 18 or older

### Availability

Number of hours per week you can volunteer \_\_\_\_\_

#### Days you are available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

#### Length of Volunteering:

- Ongoing
- 1 Semester
- Summer Only
- Short Term
- School Year

### Interests

Tell us in which areas you are interested in volunteering:

- Walking/Socializing Dogs
- Socializing Cats
- Grooming
- Cleaning
- Pictures
- Fostering
- Petco
- Other – Explain \_\_\_\_\_

### Special Skills or Qualifications and Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Summarize your previous volunteer and animal experience.

**How did you learn about the Volunteer Program?**

CEO Website                       Flyer                       School                       Volunteer Match  
 County Volunteer Website                       Stanislaus Animal Services Website                       Other (explain) \_\_\_\_\_

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

I certify that the information provided on this application is truthful and that I have read the job posting/description for the position I have selected. I further certify that I am able to perform the necessary job functions and duties as outlined. I understand if for any reason I become unable to perform the functions of my volunteer position, I should advise my supervisor and discontinue my volunteer position. I further understand if I am unable to perform my job, I may contact the Department Volunteer Coordinator for possible placement in another volunteer position. I hereby authorize Stanislaus County to obtain a record of my criminal convictions from the California Department of Justice of any other agency that collects records of criminal convictions based upon the hours volunteered.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Background Checks**

Required for all Volunteer Opportunities in excess of 25 hours, but not one time Group Events

Thank you for completing this application form and for your interest in volunteering with us.



**VOLUNTEER CONDUCT/BEHAVIOR EXPECTATIONS  
POLICY ACKNOWLEDGEMENTS**

The mission of the Stanislaus County Human Resources Unit is to create an environment that cultivates, attracts, and retains an outstanding workforce. The County also needs to keep our volunteers educated, informed, and up to date regarding what conduct and behavior is expected and anticipated. Presently, the County has over 3,000 employees who work in hundreds of different job classifications and are covered by rules and policies in the form of County Ordinances; Resolutions of the Board of Supervisors; Memorandum of Understanding with employee bargaining units; and County administrative rules, regulations and policies. Stanislaus County appreciates the skills of our volunteers and understands that your contributions allow County departments to provide services to our customers.

Stanislaus County has a Personnel Manual that clearly defines behavior expectations for employees as well as volunteers. Many of these policies were specifically designed to protect you, keep you safe and ensure your well being. As a condition of being a volunteer, you are responsible for reading and understanding the policies listed in the chart below. After you have read each policy, please put your initials in the far right column to confirm your understanding. If you have questions, or need additional clarification regarding a policy, please bring your questions forward to discuss with your Department Volunteer Coordinator prior to initialing the form. It is the responsibility of each volunteer to understand the policies. These policies and/or ordinances can be obtained in several ways. These methods include but are not limited to: The Personnel Manual located in each department; the Department Volunteer Coordinator, the Personnel Manual on-line at <http://www.stancounty.com/>; and/or by contacting the Chief Executive Office at 209-525-6333.

Policy/Ordinance	Location	Page Number	Initials
Employees Subject to Standards	Tab 16	Page 1	
Rules and Regulations Compliance	Tab 16	Page 1	
Employment of Relatives—Nepotism	Tab 16	Page 1	
Failure to Perform Duties	Tab 16	Page 1	
Other County Employment	Tab 16	Page 1	
County Employment During Vacation	Tab 16	Page 2	
Legal Services by County Employees	Tab 16	Page 2	
Outside County Employment—Moonlighting	Tab 16	Page 2	
Smoking in County Facilities	Tab 16	Page 3	
Smoking in County Vehicles	Tab 16	Page 3	
Code of Ethics	Tab 16	Page 4	
Gift Policy/Token of Appreciation	Tab 16	Pages 5-7	
Conflict of Interest Policy	Tab 16	Page 8	
Internet and E-Mail Policy	Tab 16	Pages 9-11	
Telecommunications Policy	Tab 16	Pages 12-15	
Harassment Policy	Tab 16	Pages 16-19	
Health Insurance Portability and Accountability Act—HIPAA	Tab 16	Page 20	
Language Policy	Tab 16	Page 21	
Political Activities Policy	Tab 16	Pages 22-25	
Information Technology Security Policy—End User Policy	Tab 16	Pages 26-39	
Use of County Vehicles, Aircraft and Other Transportation Equipment	Tab 16	Page 40	
Promotion of Religious Beliefs by Employees on the Job	Tab 16	Page 41	
Drug Free Workplace Policy	Tab 08	Pages 1-7	
Security and Violence in the Workplace Policy	Tab 18	Pages 7-26	
Whistleblower Policy	Tab 27	Pages 8-9	
False Health Care Claims Policy	Tab 27	Pages 10-16	

I certify that I have read, understand, or had explained to me, and agree to adhere to and follow the above referenced policies. I further understand that penalties for violations of any of these policies may include being released from my volunteer assignment. I understand that it is my responsibility to ask clarifying questions if I need assistance interpreting a policy.

PRINT FULL NAME (FIRST, MIDDLE INITIAL, LAST)	SIGNATURE:
AGENCY/DEPARTMENT	DATE SIGNED:



# Stanislaus County Volunteer Program Minor Authorization Form Parent or Guardian

## Authorization for a minor to participate in the Stanislaus County Volunteer Program

I hereby grant permission for \_\_\_\_\_ Age \_\_\_\_\_ to serve as a volunteer for the County of Stanislaus.

I understand that the rights and responsibilities of the volunteer and of the County are outlined in the Volunteer Assignment Agreement and the Volunteer Conduct/Behavior Expectations Policies. I also understand that the duties of the volunteer position are to be established in a written job posting/description provided by the department and that the volunteer will be asked to certify his/her ability to perform the duties of the job as they are defined in the job posting/description. The Volunteer Assignment Agreement and the Volunteer Conduct/Behavior Expectations Policies can be found online at [www.stancounty.com](http://www.stancounty.com)

First Name of Parent/Guardian:		Last Name of Parent/Guardian:	
Address:	City:	State, Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Date:	Relationship to Minor:	Signature:	

### PRIMARY EMERGENCY CONTACT INFORMATION

Name:		Relationship to Minor:	
Address:	City:	State, Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	

### SECONDARY EMERGENCY CONTACT INFORMATION

Name:		Relationship to Minor:	
Address:	City:	State, Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	