



Application for Volunteer Services

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

Date of Application
Month _____ Day _____ Year _____

Please Print

Full Name (Last, First, Middle)	Social Security Number _____	Home Phone _____ Work Phone _____ Email Address _____	To Be Filled in by The County of York
Mailing Address City, _____	State, Zip Code _____		Interview Date: _____
Are you a U.S. Citizen over the age of 18? If not a citizen do you have a legal right to work in this Country? ____ Yes ____ No	Can you provide, after employment, birth certificate or other proof of citizenship? ____ Yes ____ No		Start Date: _____
Have you ever applied for a position with York County? If yes, when and where? ____ Yes ____ No	Have you ever been convicted of a felony or misdemeanor? If yes, give details. (A conviction in and of itself may not be a bar to employment.) ____ Yes ____ No		Dept./Dept. No. _____ Employee No. _____

List special skills, knowledge, language, equipment operated, etc.	Type of employment desired. ____ Full-Time ____ Part-Time ____ Temporary ____ Volunteer	Applications for employment are filed according to the position applied for, therefore, be as specific as possible in stating the position desired. Applicants who list the term "any" shall NOT be considered.
	Date available for work? _____	Do you have a valid driver's license not under suspension? State of Issue _____ Dr. License # _____ Expiration Date _____ Classification _____

Do you have any relatives working for York County Government? _____ Yes ____ No If Yes, who? _____
Where are they employed? _____

EDUCATION

G.E.D.? _____ Yes _____ No	School Name and Location	Degree Earned or Credit Hrs.	Major or Vocation	Grade Average
Circle highest grade completed.				
Elementary/High School 6 7 8 9 10 11 12				
College 1 2 3 4				
Graduate School 1 2 3 4				

Special Courses or Seminars

List any courses you have completed which will aid The County of York in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary.

Course	Dates Enrolled In Course	School or other Sponsor of Course	Describe Major Content of Course
	From To		

Emergency Contact

Name	Address	Telephone (including area code)

In making this application to volunteer with the Office of Emergency Management, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties including information as to your character and reputation. A criminal background check may also be obtained.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false answers or statements made by me on this application or in any supplemental information given during the County's pre-employment investigations or physical examination will be cause for immediate relief from a volunteer position. I agree that The County of York shall not be liable in any respect if my services are not used because of falsification of any statements or omissions made by me in this questionnaire or with any attachments. I hereby authorize the companies, schools, or persons named in this questionnaire to give any pertinent information to The County of York and I release said parties from all liability for any damage for issuing such information.

All volunteer applicants shall adhere to the Policies and Procedures of the County of York. A copy of this manual is available to be viewed at the Office of Emergency Management.

I acknowledge that my services may not be used, and any offer made for volunteer services, if such is made, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of The County of York or myself. I understand that no representative of the County of York has any authority to enter into any agreement for volunteer services for any specified period of time, or to assure or make some other personnel move either prior to commencement or after I have been assigned as a volunteer to assure any benefits or terms and conditions for my services, or make any agreement contrary to the foregoing.

Signature	Date

References:

Complete Name	Address	Telephone #
1.		
2.		
3.		