

SMITH COUNTY
VOLUNTEER PROGRAM APPLICATION



Applicant Name (Please print): _____

Best phone number: _____

Volunteer Skills/Preferences:

_____ OFFICE/CLERICAL _____

_____ TECHNICAL _____

_____ ANIMAL CONTROL _____

VOLUNTEER APPLICATION INSTRUCTIONS:

1. Complete application as thoroughly as possible.
2. Attach a copy of photo identification such as Driver's License or State I.D.
3. Sign Authorization for Release of Personal Information.
4. Hand deliver the entire package to: Volunteer Program, 200 East Ferguson, Ste. 210, Tyler, TX 75702 (intersection of N. Spring & Ferguson) or email entire package to: volunteer@smith-county.com

A THOROUGH BACKGROUND INVESTIGATION IS CONDUCTED ON ALL APPLICANTS. ANY ADVERSE INFORMATION YOU MAY HAVE FAILED TO REVEAL MAY CAUSE THIS ALLOCATION TO BE REJECTED.

SMITH COUNTY VOLUNTEER APPLICATION
(PRINT BLACK OR BLUE INK OR TYPE)

Date of Application: _____/_____/_____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___/___/_____ Social Security #: _____ - _____ - _____ Mother's Maiden Name: _____

Driver's License Number: _____ State issued: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____ Sex: ___ Male ___ Female

High School: _____ Graduation Year: _____

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

College: _____ Graduation Year: _____

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

Major: _____ Minor: _____

College/Other: _____ Graduation Year: _____

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

Major: _____ Minor: _____

Certifications/Special Qualifications: _____

Languages Spoken: _____

Legal Status: ___ U.S. Citizen ___ Naturalized Citizen ___ Resident Alien ___ Other,

Explain: _____

Have you ever been arrested or detained, summoned into Court or do you have any pending charges or warrants in this or any other jurisdiction? ___ No ___ Yes, if "Yes" please explain: _____

Are you retired? _____ If not, where do you work: _____

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

Supervisor's Name: _____ Phone number: _____

Position: _____ Work Schedule: _____

Do you have any volunteer experience? _____ If yes, please list organization(s) and what you did for them.

What department would you like to volunteer with Smith County? _____

What special skills or qualifications do you have to offer Smith County? _____

What day(s) and time(s) are you available during the week? We are open Monday-Friday, 8:00 a.m.–5:00 p.m.

Do you have any medical or physical conditions that might affect or limit your ability to perform as a volunteer? If so, please explain: _____

How would you describe your current health? _____

Have you ever been hospitalized for a psychiatric or emotional condition or disturbance? _____

If yes, please list dates, treating physician's name and address and explain the circumstances: _____

Would you be willing to take a Drug Test? _____

List all specific Emergency Medical Service needs or Medical Condition Warnings: _____

Hospital Preference: _____

Doctor's Name: _____ Phone: _____

Address: _____

REFERENCES (NON-FAMILY):

Name: _____ Telephone Number: _____

Address: _____ Relationship to you: _____

Office Use Only: _____

Name: _____ Telephone Number: _____

Address: _____ Relationship to you: _____

Office Use Only: _____

Name: _____ Telephone Number: _____

Address: _____ Relationship to you: _____

Office Use Only: _____

EMERGENCY CONTACT LIST:

Name: _____ **Relationship:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

Name: _____ **Relationship:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

Name: _____ **Relationship:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

Authorization for Release of Personal Information

I have reviewed this completed personal history statement and I believe it to be true and correct to the best of my knowledge and recollection. I understand that willfully withholding information or making false statements concerning this personal history statement will be the basis for rejection or termination of my service as a volunteer with any Smith County Department.

I also do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of Smith County, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of loans, the records of commercial and retail credit agencies, credit reports and ratings and other financial statements and records wherever filed. This also authorizes my consent and disclosure of my employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed against me; and the records and recollections of any person who may have any record or recollection of me.

I understand that any information obtained through a personal history background investigation that is developed directly or indirectly, in whole or in part, based upon this authorization will be considered toward the determination of my suitability for service as a volunteer with the Smith County Volunteer Program.

I certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability, which might otherwise be incurred as a result of furnishing such information.

A COPY OF THIS RELEASE FORM WILL BE VAILD AS AN ORIGINAL THEREOF, EVEN THOUGH SUCH COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Signature: _____ Date: _____

Printed Name: _____ DL#: _____

Address: _____
_____ SS#: _____

Email Address: _____

Phone Number: _____

If under 18, Parent signature: _____

Parent name: _____

**SMITH COUNTY SHERIFF'S OFFICE
ANIMAL SHELTER VOLUNTEER APPLICATION ADDENDUM**

NAME: _____ DATE: _____

Tell us about the pets that are currently living in your home? _____

List all previous volunteer experiences, and specify any that were animal related (Be sure and list the organizations with contact info. and what you did for them). _____

Do you have any special skills that can be beneficial to the Smith County Animal Shelter? _____

Shelter duties you are most interested in: _____

Any allergies, physical disabilities, or other limitations which may require accommodation or restrict volunteer experience? _____

Other than a love for animals, what are you hoping to gain as a result of volunteering with the Smith County Animal Shelter? _____

Have you ever been convicted of an Animal Cruelty, Assault or Family Violence charge? When? _____

Smith County has 4 different sections that Volunteers are needed. Please number them 1-4 based on your interest level:

- ___ Washing/Grooming Dogs
- ___ Cleaning Kennels
- ___ Walking/Exercising/Socializing Dogs
- ___ Photography

If the section you want is filled, you will be offered another. If no sections need help at this time, you will be placed on a potential Volunteer List and your application will be kept on file.



Smith County Volunteer Program Release & Waiver of Liability



Please initial each section and sign the attached form of this agreement. My initials and signature indicate that I have read and understand the information below. By signing this agreement, I agree to perform volunteer services for the Smith County Volunteer Program.

_____ I hereby give the Smith County Volunteer Program full and complete permission to take and use my photograph, digital images, audio, film, interviews or other likenesses of me when I am volunteering. I further agree that Smith County may use, publish, and reproduce such photos of me, with or without my name, for any lawful purpose including publications, advertising, web content or other media activities. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Smith County.

_____ I acknowledge that my participation is strictly voluntary and expect no compensation for services provided. I attest that I am physically and mentally fit and prepared for this activity and I will abide by all rules and direction of the sponsors and coordinators. I will not create an unsafe situation for myself or others, nor will I use any tool or engage in any task with which I am not completely comfortable. If I see a situation that I feel is unsafe, I will immediately call it to the attention of a Smith County representative.

_____ As a volunteer for Smith County, I recognize and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of facilities or equipment. I hereby waive and relinquish all claims that I or my heirs or administrators may ever have against Smith County and its officers, agents, servants, employees, other volunteers, elected officials, and affiliates in connection with my volunteerism.

_____ In the event of personal injury or illness as a result of my service to Smith County I will immediately report such occurrences to a Smith County representative. I understand that I am responsible for my own insurance coverage and that Smith County does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance, I hereby release and forever discharge Smith County from any claim whatsoever which arises related to any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Smith County.

_____ I understand that serving the public as a volunteer for Smith County provides me with a great responsibility to uphold and protect the constitutional rights, personal privacy, and civil liberties of others, and that maintaining confidentiality is of critical importance in my work. As a part of my duties as a volunteer, I may learn confidential information that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public view. I agree that I shall not violate the confidential interests of ANY Smith County Office or Department, its operations, its investigations, or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by my supervisor. By signing this Agreement, I acknowledge that I will not (at any time) knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violations of this agreement shall subject me to termination as a volunteer, and may also subject me to possible criminal prosecution.

_____ Photography, audio and/or video recording of Smith County documents, employees, inmates, probationers, and customers is exclusively prohibited and I understand that any violations of this agreement shall subject me to termination as a volunteer, and may also subject me to possible criminal prosecution.

_____ I am participating as a volunteer through the Smith County Volunteer Program with access to both public judicial records and access to in-house computerized information. I am voluntarily participating and no one has put any pressure on me or required me to do so. I expressly agree that: I will not use any incidental confidential information I may obtain while being in a government building and/or accessing in-house computer information for my own benefit; I will not enter any unauthorized areas or access confidential information; I will not disclose any information to unauthorized third parties; and I will take care to guard the security of the information at all times.



Smith County Volunteer Program Release & Waiver of Liability



I have read and understand this release and enter into this agreement willingly and voluntarily. This shall be considered valid until canceled or changed in writing by the undersigned participant.

Signature	Please print name	Date

If volunteer is under age 18, a parent/guardian must read and sign this form.

Parent/Guardian Signature	Please print name	Date

Volunteer Coordinator Signature	Please print name	Date

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact	Contact Number	Relationship

Hospital Preference