



VOLUNTEER APPLICATION

Jones County Conservation Board
 12515 Central Park Road
 Center Junction, Iowa 52212
 (563) 487-3541
 conservationofficemg@co.jones.ia.us

This organization provides equal opportunity in our volunteer program and does not discriminate against any applicant or volunteer on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin, genetic disposition, status as a military veteran, or disability. Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate: _____

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview, or if you fail to disclose information requested in this application form or in any interview you will not be eligible to volunteer, or, if you are selected, your volunteer status will be terminated.

Please print all information in ink.

Volunteer Name: _____
 LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone(Home):(____) _____ Phone(Cell):(____) _____ Phone(Work): (____) _____

Educational Background: High School Diploma/GED: Yes ___ No ___

College _____ Degree Received _____

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Work experience (most recent first):

1. Employer: _____ Supervisor: _____

Address: _____ Position: _____

Dates of Employment: _____ Duties: _____

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2. Employer: _____ Supervisor: _____

Address: _____ Position: _____

Dates of Employment: _____ Duties: _____

3. Employer: _____ Supervisor: _____

Address: _____ Position: _____

Dates of Employment: _____ Duties: _____

4. Employer: _____ Supervisor: _____

Address: _____ Position: _____

Dates of Employment: _____ Duties: _____

List two personal references other than family:

1. Name: _____ Relationship to You: _____

Address: _____ Phone #: _____

2. Name: _____ Relationship to You: _____

Address: _____ Phone #: _____

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Medical problems we should be aware of: _____

In case of an Emergency, Please contact:

Primary Contact Name: _____

Phone Number: _____ Relationship: _____

Secondary Contact Name: _____

Phone Number: _____ Relationship: _____

Check the Volunteer Experiences You Are Interested in:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Flower Bed Care | <input type="checkbox"/> Invasive Species Removal |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Collecting Seed | <input type="checkbox"/> Historical Records | <input type="checkbox"/> Litter Clean-Up |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Photo Documentation | <input type="checkbox"/> Archaeology | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tree Trimming | <input type="checkbox"/> Program Volunteer | <input type="checkbox"/> Speaker/Presenter |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Custodial (NC) | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Nature Center Attendant |

List any special skills, training, interests, or hobbies that may be useful in volunteering: _____

How often would you like to volunteer : Once a week Once a month On an as needed basis

Please list any times you are available in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							

Days you would be available to begin working: (earliest date) _____ (latest date) _____

How did you learn about the Jones County Conservation Board (JCCB) volunteer program? _____

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RELEASE AND WAIVER OF LIABILITY

(Please read carefully before signing)

Release and Waiver:

I, _____ understand that the services that I am providing is that of a "Volunteer" of the Jones County Conservation Board (JCCB). As a volunteer I am aware of the potential risks that are associated with the activities that I may perform. Risks may include, but are not limited to insect bites or stings, bodily abrasions or lacerations, falls, illnesses, and damage of personal property. I hereby waive, release, and forever hold harmless Jones County Conservation Board, it's members, conservation staff, or agents from any and all claims arising from my volunteer activities with the Jones County Conservation Department. I assume full responsibility for the risks of any and all bodily and personal property damage while participating in a volunteer activity for the Jones County Conservation Board.

Photographic Release:

I, _____, as a volunteer hereby grant and convey the Jones County Conservation Board all rights and uses to any photographic image, video, or audio recording made by a JCCB representative during the volunteer activities. These images, videos, or audio recordings may be used in aid to publicize natural resources conservation in Jones County.

Background Check and Release:

I, _____ authorize Jones County Conservation Board to conduct a criminal background check and driving records check before I begin (or anytime during) my volunteer activities with Jones County Conservation Board. I understand that the results of this background check will determine my eligibility to participate as a volunteer for the Jones County Conservation Board.

The following questions must be answered in order to complete a check of your driving record:

Date of Birth: _____

Drivers License Information: Number: _____ State: _____

If you answer "yes" to any of the following questions, you must provide details:

Have you ever had an automobile accident?: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?: _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked?: _____

Have you ever been convicted or forfeited a bond from operation of a motor vehicle under the influence of drugs or alcohol or for driving while intoxicated (OWI)?: _____

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Criminal Record:

The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgement or adjudication and an adjudication of guilt or delinquency as a minor. If you answer “yes” to any of the following questions, you must provide details.

Have you ever been convicted of a felony? _____ Details: _____

Have you ever been convicted of a serious misdemeanor? _____ Details: _____

Note: Convictions will not necessarily bar you from volunteering. We will consider the number, nature, seriousness, and recency of the convictions in making our decisions.

Court-Ordered Community Service:

Volunteers performing court ordered service will be accepted on a case-by-case basis.

Are these service hours court ordered? Yes No If yes, Please explain _____

FOR ALL APPLICANTS—PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide false, inaccurate, or incomplete information, I will not be eligible to volunteer, or, if I am selected, that my volunteer status may be terminated regardless of the date on which the County discovers the violation of its policy regarding application form dishonesty.

In connection with my application to volunteer with the County, I expressly authorize the release of, to the county, any records or information which may refer to my application including, but not limited to, records of schools, law enforcement or criminal justice agencies, driving and motor vehicle agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have related to information provided to the County as part of my application.

I have read, understand, and agree to the terms and conditions listed in this waiver and release form.

Print Name

Date



INFORMATION RELEASE AGREEMENT

Jones County Conservation Board
12515 Central Park Road
Center Junction, Iowa 52212
(563) 487-3541

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Social Security Number: ____-____-____

Phone Number: (____) _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Names (e.g. Maiden Name or others): _____

Is there any other name, other than the name state above, which you have previously used to identify yourself? _____

Please list: _____

To Whom it May Concern:

I, _____ (print name), hereby authorize the Jones County Conservation Board to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that the Jones County Conservation Board utilizes the Jones County Sheriff's Office and Dept. of Criminal Investigation (DCI) to assist in checking such information, and I specifically authorize such an investigation. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for becoming a volunteer will not be further processed.

A photocopy or scanned copy of this release form will be valid as an original thereof, even though the said photocopy or scanned copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

This waiver is valid for a period of 1 year from the date of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

If I am under the age of 18 years, my parent or guardian accepts and acknowledges all of the terms stated above by signing below.

Signature of Volunteer

Date

Printed Name of Volunteer

Date

Signature of Parent/Guardian if Under 18

Date

Printed Name of Parent/Guardian