



PINE COUNTY VOLUNTEER APPLICATION

Volunteer ID Number

The information on this application will help us assess your qualifications to serve as a Pine County volunteer. Please read the questions carefully and complete all sections as applicable.

Name _____ Home Phone: _____
Last First MI

Address _____
Street City/State Zip

What department(s) are you interested in working with?

Day(s)/Times Available(Circle day(s)/note times): S/ _____ M/ _____ T/ _____ W/ _____ R/ _____ F/ _____ S/ _____
Date Available to start: _____

List experience/training/education related to volunteer option of interest:

Special Skills: Typing WPM _____ 10-Key Windows MS Word MS Excel MS Outlook
 PowerPoint Publisher Other _____

List community service organizations or clubs to which you belong:

List hobbies and special interests:

Are you a licensed driver: YES NO Drivers License Number: _____

Insurance Company: _____ Agent _____ Policy # _____

Drivers' License: Operator _____ CDL-A _____ CDL-B _____ CDL-C _____

Certifications: CPR _____ First Aid _____ Other _____

Do you require any special accommodations, if so, please specify:

References:

Name _____ Phone _____ Years Acquainted _____ Relationship _____
Name _____ Phone _____ Years Acquainted _____ Relationship _____
Name _____ Phone _____ Years Acquainted _____ Relationship _____

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons and Pine County from all liability for any damages whatsoever for issuing or obtaining this information. In the event that I am selected for service by Pine County, I agree to comply with all its policies, rules and regulations.

Applicants Signature: _____ Date: _____

Pine County INFORMED CONSENT FORM

The following named individual has made application with the County of Pine for volunteer services:

Last Name of Applicant (please print): _____

First Name (please print): _____

Full Middle Name (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M) or (F) (please circle one)

Social Security Number: _____

Length of Residence in the State of Minnesota: _____(Years/Months)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the County of Pine for the purpose of employment with this County. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant: _____ Date: _____

Notary: _____



Mail To:
Pine County
Human Resources Office
635 Northridge Dr NW #200
Pine City, MN 55063
Phone: 320/591-1625
Fax: 320/591-1628
Toll Free: 1-800-450-7463 ext. 1625

CONFIDENTIALITY STATEMENT

I, _____ understand that I may be held legally liable, as well as being subject to dismissal for releasing private or confidential information without having been given the specific authority to do so.

For the purpose of this internship, private and confidential information is defined as any information regarding an adult or juvenile offender (past or current) that has been assigned to this agency for supervision or services.

Signature of Applicant: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Copy to:

Pine County Office- Department Specific

635 Northridge Dr NW

Pine City, MN 55063

Phone: 320/591-1400

Fax: 320/591-1628

Toll Free: 1-800-450-7463