



Douglas County Fairgrounds Complex Campground Volunteer Application

Application Date: _____

RV Make/ Model/ Year: _____ RV Size (Length & Height): _____

APPLICANT INFORMATION

1st Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

2nd Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

Full Name(s) of other people staying with you at host site: _____

Mailing Address: _____

Phone Number: _____

Alternate Phone: _____

Driver's License State Issued & Exp. Date: _____ Email Address: _____

Will you have a pet with you: Yes No Breed: _____ (Current Rabies Vaccination Certificate is required)

WHAT DATE ARE YOU AVAILABLE TO START

January	April	July	October
February	May	August	November
March	June	September	December

PREVIOUS VOLUNTEER EXPERIENCE

Park #1: _____ Location: _____

Duties: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Park #2: _____ Location: _____

Duties: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Reference #1 Name & Phone Number: _____

Reference #2 Name & Phone Number: _____

Employed: _____ Retired: _____

What Qualifications/ Skills/ Experience do you have that you would like to use in your volunteer work?

What is your interest in Volunteering for the Douglas County Fairgrounds RV Park?

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

****RV CAMP HOST WILL RECEIVE AN RV SPACE WITH WATER, POWER & SEWER****

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK VOLUNTEER SERVICES

In connection with your wish to provide volunteer services with Douglas County ("County"), I understand that the County will conduct a check of my background ("background check") which may include obtaining copies of personnel files or other records or documents, credit information, information about criminal convictions, driving records, civil court records, educational transcripts and degrees, information about positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, any instances of dishonesty, insubordination, threatening or intimidating behavior, unsafe or unlawful conduct and any other information County may need to verify information about my background, the accuracy of information submitted by me during the application process and/or my suitability for volunteer services with County.

I authorize County and its authorized employees or agents to investigate my background and to investigate the accuracy and truthfulness of all information submitted by me during the application process. I authorize all persons involved in the hiring process to discuss and review the results of any information or documents obtained during any such investigation. I further authorize all persons, businesses, current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, courts, personal references, and/or other persons or entities contacted by County to release to County any and all information or records they may have concerning me, my background and/or my suitability for volunteer services with County. This Authorization and Release does not apply to criminal records expunged pursuant to ORS 419.262.

By signing below, I release and hold harmless each person, employer, agency, business and organization or other entity who or which provides information or records to County pursuant to this Authorization and Release from and against any and all claims, liability or damages related to providing or releasing information to County. I further release and hold harmless Douglas County and each of its elected officials, officers, employees and agents from and against any and all claims, liability or damages related to any use or disclosure by County of any information or records obtained by reason of the background check conducted by County for purposes related to consideration of my desire to provide volunteer services with County.

A photocopy or facsimile of this Authorization and Release shall be considered valid as though it were an original and may be relied on to provide or release information or records to County.

I have carefully read and understand this Authorization and Release and voluntarily agree to its terms to assist County in conducting a thorough check of my background for purposes related to consideration of my wish to provide volunteer services with County. I further understand that all information and documents acquired by County in conducting its background check will be maintained as confidential by the County and will not be released by the County to me or to others except as may be required under the Fair Credit Reporting Act ("FCRA"), if applicable, or other applicable laws.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

*****PLEASE PRINT LEGIBLY*****

VOLUNTEER POSITION : _____

FULL NAME (Include all names used - past or present)

TELEPHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY #

DRIVER'S LICENSE or ID #

STATE

HOME ADDRESS: _____

Douglas County is authorized to conduct a background check on job applicants pursuant to Douglas County policy and pursuant to Oregon and Federal law. Providing your social security number, date of birth and driver's license number are necessary to perform the background check and will only be used with your consent for the purposes described in this Authorization and Release. Date of birth information will not be used as a basis for making any hiring or other employment decision.