



Coconino County

Volunteer Service Agreement

As a volunteer for Coconino County, I agree to follow policies and procedures as required by the County and agree to fulfill the volunteer responsibilities to the best of my ability. I will report to my supervisor any incident of injury to myself or others, or which causes damage to County property or property of others.

I understand that I will receive no monetary benefits in return for the volunteer service I provided and that the County may terminate this agreement at any time without prior notice.

My signature confirms that I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

My signature confirms that I have read a copy of the volunteer assignment description form and I request that following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____ **Date:** _____

As the Parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Coconino County. I further acknowledge that I have completed the Authorization for Treatment Form on his/her behalf.

Parent/Guardian _____ **Date:** _____
Print Name Signature

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____

Email: _____

If individual is using personal vehicle, minimum insurance limits for bodily injury/property damage must be maintained. Obtain a copy of drivers Licenses and Proof of Insurance and send to Risk Management. If volunteer is using a count vehicle also attach a copy of 5 year MRV report.

Emergency Contact: _____ **Phone number:** _____

Department/Division: _____ Supervisor: _____

Start Date: _____ Hours Per Week: _____

Nature of Duties: _____

Check Category which applies:

- _____ Volunteer
- _____ Unpaid Intern – attach completed internship contract
- _____ Reserve
- _____ Sherriff's Search and Rescue
- other _____



Coconino County

Volunteer Parental Consent

This form must be completed for all volunteer under the age of 18.

This form must be completed before the youth is permitted to volunteer with Coconino County.

I, _____ declare that I am the parent / legal guardian and hereby give consent for _____ to volunteer for Coconino County _____ department.

I authorize Coconino County to conduct a background check of:

- Educational / diploma verification
- Driving record
- Employment verification / volunteer history
- Personal References

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of _____ suitability of the described volunteer work and such other information, as they deem appropriate.

I release Coconino County from all liability regarding injuries, which may occur if the aforementioned youth undertakes tasks that are not assigned.

SIGNATURE:

(Parent / Legal Guardian)

Date

Volunteer (youth seeking to volunteer)

Date





Coconino County

Volunteer Medical Release for a Minor

Name of volunteer: _____ Date: _____

Date of Birth: _____ Gender Male Female

Date of last Tetanus shot: _____

Known Allergies _____

Known Medical Conditions: _____

Current Medications: _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

In case of emergency, please contact _____
(name and relation)
at _____.
(phone number)

In the event that the above person cannot be reached, I hereby grant my permission to a physician and/or hospital to provide emergency medical treatment to my son / daughter.

SIGNATURE:

(Parent / Legal Guardian)

Date

