



**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

**Don Ashton, M.P.A.
Director**

Volunteer Application

Volunteer Position Applying for: _____
Name _____
Address _____
Home Phone _____ Cell Phone _____
Mailing Address _____
Email Address _____
Languages Spoken _____
Certifications/ Special Skills or Talents _____
Health restrictions: _____
Have you ever been convicted of a misdemeanor or felony? Yes / No
If yes, please describe: _____

If position requires transportation:

Driver's License Number _____ Expiration Date _____
Insurance Company _____
Make/Model of Vehicle _____ License Plate Number _____

Current/Past Employer or Volunteer Experience:

Organization/Business Name _____	Organization/Business Name _____
Address _____	Address _____
Dates _____	Dates _____
Supervisor _____	Supervisor _____
Phone Number _____	Phone Number _____

EMERGENCY CONTACTS:

Name _____	Name _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____

I certify by my signature that I have read and signed the Confidentiality Form attached.

Signature _____ Date _____

Please send completed applications to:
Senior Information & Assistance 937 Spring St. Placerville, CA 95667
Questions, please contact (530) 621-6369
Note: Some positions may require additional information.
Completion of this application does not guarantee acceptance to program.



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

Don Ashton, M.P.A.
Director

Area Agency on Aging, PSA 29

CONFIDENTIALITY FORM

I understand that in connection with my volunteer position with the El Dorado County Health and Human Services Agency, I may have access to confidential information. I understand that the confidentiality of this information is protected by law and that any breach of confidentiality is a misdemeanor punishable by up to six months in jail, or by a fine of \$500.00, or both.

I certify by my signature that I will not give information to unauthorized persons and to do so would be a serious violation of my responsibility. I understand the conditions of confidentiality and will comply with the Health and Human Services Agency policies with regard to client information

Signature

Date

Strengthening, Empowering and Protecting the Residents of El Dorado County



The County of El Dorado

Risk Management Division

330 Fair Lane, Placerville, CA 95667
Phone (530) 621-5565 Fax (530) 642-9815

DMV PULL NOTICE PROGRAM RELEASE OF DRIVER RECORD INFORMATION

Employee Name: _____ Department: _____

Check one Employee Volunteer

COMPLETE EITHER SECTION A OR SECTION B

SECTION A: For general Driver's License (Class C non-commercial, no special endorsements)

I periodically drive a County vehicle or my personal vehicle during my job.

I hereby authorize the release of my driver's license record information to El Dorado County for participation in the Pull Notice Program (EPN) to receive a driver's report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment. I understand that enrollment in the EPN is an effort to promote driver safety, and that driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment. I certify that I carry the minimum State of California liability insurance requirements for my personal vehicle. I understand that my name will be removed from the program when I terminate my employment/assignment with the County.

Driver's License #: _____ Expiration Date: _____ (Attach a copy)

I **never** drive in the scope of my employment/assignment with El Dorado County, even to occasional meetings away from my regular work location.

Employee/Volunteer Signature: _____ Date: _____

SECTION B: For Commercial Driver's License - Class A or B (or Class C w/special endorsements)

I am required, as a condition of employment, to have a Class A, Class B, or Class C Special Endorsement Driver's License.

The State of California, Department of Motor Vehicles, requires that employers periodically review the driver's license record of employees with commercial licenses and certain driver's license endorsements. I understand that El Dorado County will enroll my driver's license number in the mandated Pull Notice Program, and that it will be removed upon termination of my employment/assignment with the County.

Driver's License #: _____ Expiration Date: _____ (Attach a copy)

Employee/Volunteer Signature: _____ Date: _____

NOTICE TO DEPARTMENT HEAD:

County employees/volunteers **may not** drive a county vehicle or their personal vehicle in the scope of work unless this signed authorization is on file.

Department Head or Manager's Signature: _____ Date: _____