

COUNTY OF LINCOLN VOLUNTEER APPLICATION

Lincoln County is an Equal Employment Opportunity Employer. We consider volunteers for all programs without regard to race, color, national origin, sex, age, disability, martial status, religion or any other legally protected status.

Date Submitted: _____ / _____ / _____

INSTRUCTIONS

Applications must be typed or printed legibly. Please complete the application and mail to the following address:

Lincoln County
201 Main Street
Troy MO 63379

PERSONAL HISTORY

Last Name	First Name	Middle Initial
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Residence Address

City	State	Zip Code
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Primary Phone Number	Secondary Phone Number	E-mail Address
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Emergency Contact Information:

Name	Primary Phone Number	Secondary Phone Number
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Other: List all other names you have used including circumstances and time periods you used them.

(For example: maiden name(s), former name(s), alias(es), or nicknames(s))

Name	Circumstance	Date From	Date To

BACKGROUND INFORMATION

Date of Birth City State Country

Are you a United States Citizen? ___Yes ___No

Marital Status:

___Married ___Divorced ___Separated ___Widowed

EDUCATION / TRAINING / EXPERIENCE

Indicate your highest level of formal education:

___Highschool ___College ___Graduate ___Doctorate

Indicate any special training, skills, hobbies or talents that may be useful for the position you are applying for:

List any certifications or professional licenses:

List your previous occupations or attach a resume or vitae:

DRIVING HISTORY

Drivers License Number: _____ State: _____ Expiration Date: _____

Has your license ever been suspended or revoked? ___Yes ___No

Do you have any driver's license restrictions? ___Yes ___No

ARREST HISTORY / COURT DATA

1. Have you ever been arrested and/or charged with a crime? Yes No
2. Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or suspect in any criminal investigation?
 Yes No
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.) Yes No

If you have answered yes to question #1, #2 or #3, please provide details.

VOLUNTEER AREAS

What department are you interested in volunteering?

- | | | | |
|-----------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Assessor | <input type="checkbox"/> Auditor | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Clerk |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Highway |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Project Management | <input type="checkbox"/> Public Administrator | |

REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owner, business or professional men or women, who have known you well for the past three (3) years. If retired, give former occupation.

Complete Name:		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

Complete Name:		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

Complete Name:		Home Address: _____
		City, State, Zip: _____
		Home Phone: (_____) _____
Yrs. Acq.	Occupation:	Business Address: _____
		City, State, Zip: _____
		Business Phone: (_____) _____

APPLICANT'S CERTIFICATION

I understand that my volunteer status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as a volunteer or my dismissal from the volunteer program. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I understand that this volunteer application shall become the property of the County of Lincoln and that it and the information received in response to the background examination are public records.

I further understand and agree that my volunteer status may be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees, appointees or volunteers. I understand that any prescription drug use that might affect my duties (i.e. driving) must be reported to my supervisor. I understand that any change in my driver's license status must be reported to my supervisor. I further authorize the County of Lincoln, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I understand that unless otherwise defined by applicable law, any volunteer relationship with the this office is "at will", which means that the County of Lincoln may discontinue my volunteer status at any time with or without cause. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for volunteer service with the County of Lincoln and I release all such parties from any and all liability for any damage that might result from furnishing such information to Lincoln County.

Signature of Applicant / Date