

INSTRUCTIONS FOR VOLUNTEERS AND INTERNS

DEFINITION: The Fair Labor Standards Act (FLSA) defines a volunteer as an individual who performs services for civic, charitable or humanitarian reasons for an organization without expectation of payment for the service.

FLSA: Under the FLSA, employees of the County may volunteer hours of service to the County as long as the service is not the same or closely-related type of service the employee normally performs in the course of his/her regular employment. A volunteer must not be coerced or pressured into volunteering services.

HR Policies and Procedures: Volunteers and Interns must abide by the HR Policies and Procedures. Section 4-8 describes DAC Volunteers. See also Sections 1-4 (Rights); 6-21(Driver Responsibilities); and 10-6 (Volunteer Firefighter grievance procedures).

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1. **Volunteer completes the application and the background check authorization.**
 - A. All volunteers must complete a Volunteer/Intern packet; the packet includes an application and other forms/acknowledgements and is available on EI Sol.
 - B. This application form incorporates information from the formerly used Personal Information Sheet and Volunteer Waiver; therefore, these other forms are no longer needed.

 2. **Volunteers younger than 18 must obtain parental consent** (as indicated on page 1 of the application)
 - A. Parent/guardian must sign page 3 of the application.
 - B. Volunteers <18 are not permitted to drive a county vehicle;
 - C. Volunteers <16, contact the appropriate HR Administrator (re: child labor concerns; work permit from school, etc.).

 3. **Department Head approves the application.**
 - A. Dept. Head signs at the bottom of page 3.
 - B. Dept. Admin Asst or Secretary keeps the application in dept files; and forwards page 3 to HR.
 - C. For those volunteers performing office and administrative work, skip to step #5.

 4. **Department submits the application and background check authorization form to HR for a background check**
 - A. Background processing time is approximately 1 week. These applicants may not begin work until HR notifies the department

 5. **Volunteer must attend a bi-weekly orientation/safety training; or view volunteer orientation DVD.**
 - A. HR notifies the department that clearance received for volunteer to begin work.
 - B. Have volunteer/intern sign a volunteer orientation acknowledgement of training form.
 - C. Have volunteer/intern read and acknowledge Code of Conduct ; Annual Disclosure Statement; and HR policy revisions (in English and Spanish).
 - D. HR issues volunteer a photo ID Badge.

 6. **End of Volunteer/Intern service.**
 - A. Dept. downloads, from EI Sol, and completes Employment Separation Checklist.
 - B. Dept. collects ID Badge and sends it to HR for destruction.
 - B. Dept. retains volunteer departmental file for remainder of fiscal year.



VOLUNTEER/INTERN APPLICATION

Doña Ana County
845 N. Motel Blvd
Las Cruces, NM 88007
575.674.7200

THIS APPLICATION IS PUBLIC RECORD

WHAT TYPE OF VOLUNTEER SERVICE/INTERNSHIP ARE YOU APPLYING FOR:

WHICH DEPARTMENT:

Personal Information			
FIRST NAME:	MI:	LAST NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE: ()- -		CELL PHONE: ()- -	
Hours of Availability:		E-mail Address:	

Are you 18 years of age or older? Yes No If no, parent or guardian must sign page 2.

If you have any relatives including spouse, parent, child, step-child, sibling, in-law, aunt, uncle, niece, nephew, cousin, grandparent, grandchild, member of a household or domestic partner working or volunteering for the County, provide the name of the employee/relative and your relationship. If not, indicate n/a.

Do you have a valid unrestricted Driver's License? Yes No

Are you bilingual? Yes No If yes, specify Language(s) _____

Doña Ana County is an Equal Opportunity Provider; all qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

<i>Education</i>			
High School	Location	Years Completed	Date Diploma received/expected
College or Vocational School	Location	Years Completed	Date Degree received/expected
Special Skills or Training:			

<i>Employment, Volunteer Service or Internships (start with present or most current)</i>			
1	COMPANY NAME:	FROM (Mo/YR)	TO (Mo/YR)
ADDRESS:		CITY:	STATE:
NAME & TITLE OF SUPERVISOR		TELEPHONE # ()- -	
TITLE:			
DESCRIBE WORK DUTIES:			

2	COMPANY NAME:	FROM (Mo/YR)	TO (Mo/YR)
ADDRESS:		CITY:	STATE:
NAME & TITLE OF SUPERVISOR:		TELEPHONE # ()- -	
TITLE:			
DESCRIBE WORK DUTIES:			

Attach supplemental sheets, if necessary

<i>Personal References (do not list family members)</i>			
NAME	YEARS KNOWN	TELEPHONE	ADDRESS

<i>Person to Notify Incase of an Emergency</i>			
NAME	RELATIONSHIP	TELEPHONE	ADDRESS

VOLUNTEER/INTERN CERTIFICATION

Name:	Department:
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IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Certification and Release of Information

I authorize Doña Ana County, or its duly accredited representative, to obtain any information relating to my activities from individuals, schools, employers, criminal justice agencies, or consumer reporting agencies. This information may include, but is not limited to my academic, achievement, performance, attendance, discipline, and criminal history record and conviction as each may pertain to the volunteer/intern position I have applied for. I authorize Doña Ana County to investigate all statements contained in this application as may be necessary in arriving at a decision on my status as a volunteer/intern. A copy of this release shall have the same effect as the original. *My Signature, below, releases all of the above, including the county, its agents and former employers, to the fullest extent permitted by law from claims, damages, losses, liabilities, and expenses, including but not limited to, attorney fees and court costs, arising from retrieving and reporting any such information. I certify that answers given herein are true and correct to the best of my knowledge. I understand that any false, incomplete, and misleading information given in my application or interview(s) may result in my not being selected as a volunteer or intern, or in my dismissal as a volunteer or intern.*

Benefits and Release of Liability

I understand that I am required to abide by all rules, policies and procedures of Doña Ana County. I acknowledge that there is no remuneration for my services rendered as a volunteer or unpaid intern. With the exception of volunteer firefighters (who may be eligible for limited retirement credit), there are no benefits associated with my volunteer service or internship with the county. Further, I acknowledge that I will perform the duties of a volunteer or intern at my own risk, with full knowledge and understanding that I am not eligible for worker's compensation in the event of an injury. *My signature, below, acknowledges my understanding that I am not entitled to pay or benefits for my volunteer service or internship with the county; and that I will hold Dona Ana County harmless from any claim for damages, injuries, or other losses that may arise during the course of my volunteer service or internship.*

Signature of Applicant:

Date:

Parental Permission

(if applicant is under 18 years of age)

I, _____ (print name of parent or guardian), agree that my child,
_____ (print name of minor), may participate in the Dona Ana County
volunteer/intern program. I have read and understood all the volunteer/intern information
provided.

Signature of Parent or Guardian:

Date:

Approved: (Signature of Department Head)

Date: