



# PLUMAS COUNTY

## VOLUNTEER POLICY

(NON-DISASTER SERVICE WORKER)

### 1.0 Purpose

Plumas County's volunteer program is designed to coordinate and manage all volunteer efforts that support County services provided to the community. The program addresses community service needs, while placing special emphasis on Plumas County's priorities by effectively matching individuals interested in volunteering to the appropriate County Department providing community services.

### 2.0 Scope

This policy applies to all Plumas County volunteers as provided in section 3. This policy supersedes all previously adopted policies concerning volunteers to the extent those prior policies are inconsistent with this policy.

### 3.0 Classification of Volunteers and Application

#### 3.1 Volunteers in General

Plumas County has control and supervisory responsibility over the manner and the result of the services rendered AND;

- a) The volunteer receives no remuneration for such services other than to receive the same travel reimbursements (meal, transportation, lodging) received by Plumas County employees AND;
- b) The volunteer does **not** belong to any of the following categories:
  - 1) The individual receives remuneration for services rendered from a non-Plumas County payroll.
    - Example: visitors, guests or board/committee/other agencies on a per diem travel allowance
  - 2) The individual is sponsored by an outside agency and provides services through that sponsoring agency.
    - Example: Red Cross volunteers, employee of other another agency such as County, State, Federal employees here as a representative of said agency.
  - 3) Guests of Plumas County.
    - Example: casual visitors

4) The individual is acting as a registered Disaster Service Worker Volunteer (DSW).

- Example: Registered DSW filling sandbags in preparation for a flood

c) Volunteers are not to be used to replace authorized and funded Plumas County employee positions.

### 3.2 Short-term Volunteers

This classification of volunteers includes individuals who may provide irregular and infrequent day labor. Examples include a volunteer accepting tax payments prior to a tax payment deadline or handing out election information prior to Election Day. Short-term volunteers may be exempted, with prior approval of the Risk Manager or the Risk Manager's designee, from the following specific requirements of these Sections:

- Section 4.2 Application: The Volunteer Application (Appendix G) shall be modified so that the volunteer need not provide a copy of Driver's License and Work Permit, explain interest in the assignment, provide three references, nor indicate time of availability. Volunteer will sign modified Volunteer Application.
- Section 4.3 Screening: The Department shall not pursue reference checks, fingerprinting, or background checks.
- Section 4.5 Selection and Appointment: The Department shall not pursue interviews, reference checks, or background checks.
- Section 4.6 Fingerprinting (Live Scan) and Background Checks: The Department shall not pursue reference checks, or background checks. Short-term volunteers are prohibited from working with minor children unless a County employee or other regular volunteer is personally present at all times.
- Section 4.7 Volunteers Driving: Short-term volunteers are prohibited from driving County vehicles.
- Appendix F - Oath of Confidentiality: This is not required for short-term volunteers.

The Risk Manager may delegate the authority to exempt short-term volunteers from some or all of the foregoing specific requirements when the designee has completed training approved by the Risk Manager concerning the management of risks associated with volunteer activities.

## 4.0 **Volunteer Program Procedures**

### 4.1 Recruitment

Volunteers shall be recruited without regard to sex (including gender), race, religion, color, national origin, ancestry, medical condition, age, marital status, pregnancy, sexual orientation, and/or disability. Volunteers may be recruited either through an interest in specific functions or through a general interest in volunteering, which Plumas County will try to match with a specific function.

### 4.2 Application

- a) All potential volunteers are to complete a Volunteer Application (Appendix D). Volunteer Application forms can be obtained from the Plumas County Human Resources Department, the Risk Manager, or from individual departments.
- b) The original application is to be forwarded to Human Resources for processing.

#### 4.3 Screening

- a) Departments shall check references for all volunteers. Volunteer positions may require additional methods of screening such as fingerprinting and background checks. Additional screening shall be carried out in accordance with existing Plumas County practices and laws.
- b) Volunteers shall be subject to Plumas County Drug and Alcohol Policy.
- c) The cost of screening shall be borne by individual departments.

#### 4.4 Assignment Description and Risk Assessment

- a) Each department is to complete a Volunteer Assignment Description (Appendix A) for each position.
- b) A Volunteer Risk Assessment (Appendix B) is to be completed and attached to the Volunteer Assignment Description.
- c) Once a volunteer has been accepted, he/she will receive a copy of the Volunteer Assignment Description and the Volunteer Risk Assessment. The Volunteer shall take both of these original signature forms to the Safety Officer so that they can *receive* the "new-hire" safety orientation.

#### 4.5 Selection and Appointment

- a) Each potential volunteer will have an interview with the department in which he/she is considering volunteering. In addition to the interview, the department shall conduct reference checks with the names given by the potential volunteer at the time of application (Appendix D).
- b) Each potential volunteer, and the results of all reference and other checks conducted under this Policy, shall be submitted to the Risk Manager. No volunteer shall be accepted without the prior written approval of the Risk Manager, and the Risk Manager may revoke that approval at any time.
- c) Once a potential volunteer has been interviewed, reference and other checks have been completed, and the Risk Manager's approval has been obtained, a department may choose to accept or decline a potential volunteer's services. A volunteer may not commence his/her assignment until all signed forms are received and background checks and training have been completed, if applicable.
- d) If a department chooses to decline the service of a potential volunteer, the department is to notify Human Resources. Human Resources will notify the potential volunteer that a department is unable to use their services. If it is appropriate, the potential volunteer may be referred to another department for volunteer services.
- e) If a volunteer wishes to work in a different department, the volunteer must first have an interview with the new department. The new department is to contact the volunteer's current supervisor for the purpose of a reference check. It is the responsibility of the department to note the date of the interview and results of the

- f) reference check. The new department shall train the volunteer on any new risks, policies, and/or procedures associated with the new position.

#### 4.6 Fingerprinting (Live Scan) and Background Checks

Plumas County requires some volunteers to be fingerprinted (please check with Human Resources). All volunteers who will regularly be in contact with minors must be fingerprinted prior to beginning service. Potential volunteers have the right to refuse to be fingerprinted. However, those potential volunteers who exercise this right will not be allowed to volunteer for County service in any capacity for which fingerprinting is required.

- a) Department representatives are to give a Fingerprint Scan Request (Live Scan Request) to volunteers for which fingerprinting is mandatory and have him/her set an appointment with the Plumas County Sheriff's Office or an approved DOJ provider to have their fingerprints completed. The Department may require that the volunteer pay the cost of this service. The volunteer may not begin his/her assignment until the result from the Department of Justice and/or FBI has been received and both Human Resources and the Risk Manager have given the individual clearance to begin.

#### 4.7 Volunteers Driving

- a) Volunteers should not drive unless driving is essential to perform their volunteer duties.
- b) Volunteers who drive either personal or Plumas County owned vehicles during the course of their volunteering are required to provide a valid driver's license, current proof of insurance, DMV driving record, and a signed Authorization to Use Privately Owned Vehicle; the Department Head shall send copies of each of these documents to the Risk Manager. On an ongoing basis, the volunteer shall notify the Department of any activity regarding the volunteer's driving record, and the Department head shall communicate this to the Risk Manager. A volunteer's failure to provide notice of any negative activity on his or her driving record shall result in permanent disqualification of the volunteer from driving on County business.
- c) No volunteer may operate a County owned vehicle or perform volunteer services with their private vehicle until written approval is received from the Risk Manager.
- d) No volunteer may operate a County owned vehicle or perform volunteer services with their private vehicle with a revoked or suspended driver license. If a volunteer's driver license has been revoked or suspended, or if there is activity that warrants concern, the volunteer's supervisor and the volunteer will be notified immediately by the Risk Management Division that the volunteer is no longer able to drive in the course of volunteering.
- e) No volunteer shall drive a vehicle, on County business, without having completed the County's Defensive Driver's Training; the department head shall not allow the volunteer to drive on County business until the next class is provided and the volunteer has completed such class. In the alternative, the Risk Manager, in the Risk Manager's sole discretion, may accept proof of completion of other defensive driving instruction comparable in scope to the County's Defensive Driver's Training.

- f) Any damages to the volunteer's personal vehicle or to a County-owned vehicle or damages caused by the volunteer while in their personal vehicle or a County-owned vehicle are the responsibility of the volunteer. Volunteers involved in an incident in either personal or county vehicle, while on County business, will no longer be allowed to drive on County business until it is determined to the satisfaction of the Risk Manager that the incident was not the volunteer's fault.
- g) Volunteers shall not be permitted to drive any vehicle on County business requiring a license from the California Department of Motor Vehicles other than a Class C license.
- h) The Department head or Risk Manager may require that a volunteer's personal vehicle be subjected to mechanical inspection at any time prior to being used on County business, and may require that the volunteer pay the cost of such inspection. Either the Risk Manager or the Department head may prohibit the use of such vehicle on County business based upon the results of this inspection.
- i) The Department head shall obtain a report from the California Department of Motor Vehicles, and from the DMV of any state within which the volunteer has resided during the previous ten (10) years, containing the volunteer's driving record, and obtain updated driving record reports each year. No volunteer shall be permitted to drive any vehicle on County business if such volunteer has at least one DUI, DWI, or reckless driving conviction on his or her driving record within the past ten (10) years, or if the total number of DMV "points" exceeds three (3).
- j) The minimum personal automobile policy liability coverage limits for volunteers are \$100,000/\$300,000 (\$100,000 bodily injury limit per person, \$300,000 total bodily injury limit per accident). The coverage mandated for a volunteer position may be increased above this requirement based upon the risk assessment carried out for that position. Department heads must obtain a current insurance certificate from the volunteer indicating the required coverage, and obtain updated insurance certificates each year. Volunteers shall notify the Department Head of any changes in his or her insurance coverage, and failure to provide notice of any reduction in coverage below the minimum required shall result in permanent disqualification of the volunteer from driving on County business.
- k) If a volunteer is involved in a collision or incident while on County business, whether in the volunteer's personal vehicle or in a County-owned vehicle, the volunteer's automobile insurance is primary, and the County's insurance coverage shall be secondary.
- l) The Risk Manager and the Department head have the right to cancel a volunteer's driving privilege at any time for any reason or no reason without prior notification.
- m) At the discretion of the Risk Manager or the Department head, any volunteer may be subjected at any time to a drugs/alcohol test prior to operating a County-owned vehicle or the volunteer's personal vehicle on County business.
- n) No volunteer may transport a minor on County business without passing a background check including fingerprinting in accordance with Section 4.6 of this Volunteer Policy.
- o) No volunteer may transport another person in a County-owned vehicle or in the volunteer's personal vehicle while on County business unless the additional passenger or passengers are specifically authorized by the Department head.

#### 4.8 Supervision of Volunteers

Each volunteer must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer, and shall be available to the volunteer for consultation and assistance. An adult (21 years of age or older) must supervise volunteers under the age of eighteen (18).

#### 4.9 Orientation and Training

- a) Once a volunteer has been selected and approved or cleared with a Plumas County department or program, they will participate in an orientation program, given by the Human Resources and Risk Management Departments designed to inform volunteers about Plumas County as an organization, its policies, procedures, programs, and regulations. This informative session is designed to assist the volunteer in their new role as a volunteer with Plumas County. Upon start date, the volunteer will be provided on-the-job orientation and training by his/her supervisor specific to the assignment and safety concerns. This shall be documented in a manner consistent with existing County policies and procedures. Orientation/training will be scheduled at various times, as the need arises.
- b) County policies including Discrimination, Harassment, and Retaliation Policy; Policy Against Workplace Violence; Alcohol and Drug Policy; and Voicemail, E-mail, and Internet Policy will be reviewed with the expectation that volunteers sign an acknowledgment form and adhere to all County Policies.

#### 4.10 Work Schedules

Work schedules of volunteers are diverse and varied depending on the Department. Work schedules are flexible and may vary depending on the job that is being done. Volunteers should work with their supervisor to set a schedule that is mutually acceptable. If a volunteer cannot make it to his/her assignment on a scheduled day, the volunteer should notify his/her supervisor as soon as possible prior to the start of the work day.

#### 4.11 Reports

- a) Each Department, on a bi-annual basis (i.e. December 31 and June 30 of each fiscal year), shall make a written report for the preceding months showing the total number of volunteer workers who performed services in that time period, the total number of hours of such services, the number of new volunteer workers enrolled during the month and the number of volunteers terminated (Appendix C). The report shall be filed with Risk Management, who may inspect the roster at any time, and shall do so at least annually to see that inactive volunteers have been removed from the roster of available volunteers and that other information on the roster reflects current conditions.

#### 4.12 Safety

- a) Each volunteer is included in Plumas County's Risk Management and Safety program. This means that before volunteers begin their service they must complete

a Safety orientation with the Safety Officer. In addition, the direct supervisor is responsible for informing the volunteer of safe work practices as required for employees. This process shall be documented consistent with Plumas County policies and procedures.

- b) Any injury to the volunteer or losses to any third party must be reported and processed in accordance with existing Plumas County policies.
- c) Volunteers and supervisors must advise maintenance or other appropriate staff of any equipment or situation that may pose a safety hazard.
- d) Every volunteer shall be capable of safely and capably completing the work assigned. This shall be determined through the application/interview process.

#### 4.13 Injury of a Volunteer

a) Plumas County provides for treatment of injuries incurred by volunteers (as defined in Section 3 of this policy) under Plumas County's Worker's Compensation program. If an injury occurs:

- 1) During Normal Business Hours: ensure the volunteer is out of immediate danger and notify the volunteer's immediate supervisor. If the immediate supervisor is not available, contact the next level manager or the Worker's Compensation Risk Manager. If medical treatment is needed, the volunteer should be directed to the closest emergency room. If a minor is injured, the same protocol should be followed. In addition, the minor's guardian should be contacted immediately. See Appendix D for contact information.
- 2) After Normal Business Hours: follow the same procedures as above, except that if the immediate supervisor is not available, a message should be left advising them of the injury as well as notifying the Risk Manager.
- 3) It is the responsibility of the department to complete the worker's compensation injury packet and forward it to Risk Management.

#### 4.14 Recordkeeping

All records regarding volunteer service shall be maintained for a duration that is in accordance with existing Plumas County recordkeeping policies.

#### 4.15 Recognition

Recognition is not just a way of saying thank you, but a response to individual interest and reasons for being involved. Recognition of volunteers takes many different forms. Plumas County feels that volunteers are invaluable resources. Various awards and activities may be approved by the Board of Supervisors. However, just plain thank you's are part of Plumas County's efforts to recognize volunteers for helping make our community a better place to live and should be done regularly-both verbally and in writing.

#### 4.16 Reimbursement

Volunteers are eligible for reimbursement of incidental expenses associated with their volunteer assignment, including mileage, with prior approval from the Department head.

4.17 Gifts

As a general rule, volunteers shall not accept gifts from the public. Any such "gift" must be approved, in advance, by the Plumas County Board of Supervisors.

4.18 Release of Volunteers from Service

Plumas County reserves the right to require that a volunteer leave immediately, with or without cause, without prior notification. All volunteers serve at the will of the County.

5.0 **Adoption:**

This "Plumas County Volunteer Policy (Non-Disaster Worker)" is adopted by the Plumas County Board of Supervisors at a meeting held October 04, 2011.

[END OF DOCUMENT]



Appendix A  
Plumas County Volunteer Assignment Description  
(Non-Disaster Service Worker)

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Department/Division/Program:

Assignment Title:

Reports to:

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This position requires:	Driver License	Fingerprinting	Valid Certification/License (If applicable)
	Use of Plumas County vehicles to perform task		Use of private vehicle to perform task

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Purpose/Goal of Assignment:

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Qualifications/Skills/Certifications Needed:

- 1.
  - 2.
  - 3.
  - 4.
- 

Duties/Responsibilities:

- 1.
  - 2.
  - 3.
  - 4.
- 

Time Commitment:

Length (months):	# Hours per day:
# Days per week:	Or month:

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Training Provided:

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Worksite Name/Location:

Phone:

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Contact for More Information:

Phone:

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(Volunteer Signature)

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(Date)

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(Supervisor Signature)

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(Date)

Appendix B  
 Plumas County Volunteer Risk Assessment  
 (Non-Disaster Service Worker)

Volunteer Assignment: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Assessment Date: \_\_\_\_\_ Min. Age (specify): \_\_\_\_\_

Driver License Required? Yes No Ability to Lift 25 lbs Repeatedly? Yes No

**Check left column to show potential hazards of this volunteer position**

Hazard Source	Protective Measures Required	Necessary Training
<b>Bites:</b> snakes, dogs, insects	Protective clothing, footwear, gloves	Hazard specific training
<b>Heat Stress:</b> heat stroke, exhaustion, or dehydration	Ventilation, heat resistant clothing, water to replenish lost fluids	Recognition of heat stress signs
<b>Sun Exposure:</b> skin cancer or vision damage	Sunscreen, brimmed hat, ultraviolet eye protection and protective clothing	Sun hazard awareness
<b>Driving:</b> injury to vehicle occupants from collision	Seat belts	Defensive driving
Traffic: injury to workers from motor vehicle traffic or heavy equipment	Proper footwear, hard hat or eye protection, orange safety vest, traffic cones, signs and flares	Traffic control, working around heavy equipment
<b>Office Equipment:</b> paper cutters, shredders, file cabinets, computer screens or keyboards	Proper footwear and clothing for office	Safe operations specific to equipment, RMI prevention
<b>Hand Tools:</b> powered or unpowered	Proper footwear, clothing and eye protection	Safe hand tool use, RMI prevention
<b>Footing Traction:</b> slippery, uneven or unstable walking surfaces/terrain	Proper footwear	Slips, trips and falls protection
<b>Ladders:</b> freestanding or fixed	Proper footwear, safety tie offs, bracing	Ladder safety
<b>Elevated work surfaces:</b> falls from height	Fall protection, proper footwear	Slips, trips and falls
<b>Noise:</b> noise from machinery/equipment	Hearing protection	Hearing conservation
<b>Body Position/Leverage:</b> strenuous or repetitive lifting, carrying or pulling	Back brace, lifting and carrying aids such as hand trucks, dollies or slings	Safe lifting and carrying, back safety awareness
<b>Chemicals:</b> gases, vapors or liquids which when inhaled, ingested or touched can cause injury of illness	Protective clothing, gloves, glasses/goggles, if indicated, appropriate respirator	MSDS, fire extinguisher, chemical specific handling, hazardous materials training
<b>Biowaste:</b> bodily fluids or OPIM	Gloves, face and eye protection	Bloodborne pathogen training

**Additional Hazards:** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

Appendix C  
 Plumas County Volunteer Bi-Annual Report  
 (Non-Disaster Service Worker)

Department Name: \_\_\_\_\_ Department Head: \_\_\_\_\_

Period of Report: (Circle)    1<sup>st</sup> Half (7/1-12/31)                  2<sup>nd</sup> Half (1/1- 6/30)                  Year: 20\_\_

Complete for all department volunteers (attach additional pages if necessary):

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

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Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Name: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Total Current Volunteers for this Period: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Total Hours Volunteered: \_\_\_\_\_

Volunteers new to the department during reporting period:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Volunteers leaving the department during the reporting period:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
 (Department Head Signature)

\_\_\_\_\_  
 (Date)

Appendix D  
Plumas County Volunteer Application  
(Non-Disaster Service Worker)

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PLEASE PRINT

Applicant Name:

(Last)

(First)

(MI)

Volunteer Position:

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

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For volunteers under the age of 18, please provide:

Guardian Name:

(Last)

(First)

(MI)

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

Please attach photocopy of Driver's License and Work Permit (if applicable).

Explain why you are interested in this assignment:

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List all experience and/or skills you have in relation to the volunteer assignment you are applying for:

Please provide three non-related personal references:

Name	Title/Relationship	Address	Phone Number

What times of the day are you most available to volunteer?

Monday: a.m. \_\_\_ p.m. \_\_\_      Wednesday: a.m. \_\_\_ p.m. \_\_\_      Friday: a.m. \_\_\_ p.m. \_\_\_

Tuesday: a.m. \_\_\_ p.m. \_\_\_      Thursday: a.m. \_\_\_ p.m. \_\_\_      Saturday: a.m. \_\_\_ p.m. \_\_\_

Do you have any health limitations that may restrict your performance of assigned duties?      Yes  
No

If yes, please provide the specific limitations (i.e. pushing, pulling, lifting, etc.):

I am physically able to perform above services and am not aware of any physical limitations that would preclude me from performing such services. I have read and signed the liability release located in Appendix F of this packet.

_____ (Volunteer Applicant Signature)	_____ (Date)
_____ (Guardian Signature if applicant under 18 years old)	_____ (Date)

**Appendix E**  
**Plumas County Agreement and Release Regarding Voluntary Services**  
**(Non-Disaster Service Worker)**

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I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Department of \_\_\_\_\_, County of Plumas. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that, by Resolution of the Board of Supervisors, it is the policy of the County of Plumas to cover volunteers as employees of the County for purposes of Workers Compensation benefits. I also understand that, under Workers Compensation laws, Workers Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the County of Plumas or any of its agents, officers, or employees, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, or officer of the County of Plumas as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of Plumas, its agents, officers, and employees from all actions, claims, and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY OF PLUMAS AND SIGN IT OF MY OWN FREE WILL.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Volunteer

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor/Division Head

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Head

**Appendix F**  
**Plumas County Volunteer - Oath of Confidentiality**  
**(Non-Disaster Service Worker)**

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I, the undersigned, hereby agree not to divulge or distribute any information or records I may encounter during the performance of my duties with Plumas County.

I agree that any discussions, records and information that I have access to in connection with these activities will not be disclosed to any unauthorized person.

I recognize that unauthorized release of confidential information may expose me to civil/criminal liabilities and fines under Federal, State and local governmental regulations.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ California

SIGNATURE: \_\_\_\_\_

NAME (Print): \_\_\_\_\_





Appendix G  
 Plumas County Short-Term Volunteer  
 Application, Agreement, and Release Regarding Voluntary Services  
 (Non-Disaster Service Worker)

**PLEASE PRINT**

Applicant Name: _____	Volunteer Position: _____		
{Last, First, MI}			
Address: _____			
(Street)	{City}	{State}	(Zip Code)
Phone Number: _____	Email address: _____		
(Circle - Home/Work/Mobile)			

VOLUNTEERS UNDER THE AGE OF 18, PLEASE PROVIDE:

Guardian Name: _____	Phone Number: _____		
{Last, First, MI}			
(Circle - Home/Work/Mobile)			
Address: _____			
(Street)	(City)	(State)	(Zip Code)

**Do you have any health limitations that may restrict your performance of assigned duties?    Yes    No**

I, \_\_\_\_\_ hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Department of \_\_\_\_\_, County of Plumas. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that, by Resolution of the Board of Supervisors, it is the policy of the County of Plumas to cover volunteers as employees of the County for purposes of Workers Compensation benefits. I also understand that, under Workers Compensation laws, Workers Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the County of Plumas or any of its agents, officers, or employees, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, or officer of the County of Plumas as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of Plumas, its agents, officers, and employees from all actions, claims, and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY OF PLUMAS AND SIGN IT OF MY OWN FREE WILL.

Date: _____	Signature: _____
	Volunteer
Date: _____	Signature: _____
	Parent or Guardian
Date: _____	Signature: _____
	Division Head

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ County of  
Plumas

Authorization to use privately owned vehicle on County business

CERTIFICATION

Approval is requested to use a privately-owned vehicle to conduct County business.

I hereby certify that whenever I drive a privately-owned vehicle on County business or County time, that I will have a valid driver's license in my possession and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount of \$100,000 for personal injury to or death of one person, and \$300,000 for injury to or death of two or more person in one accident.
2. Adequate for the work to be performed.
3. Equipment with safety belts in operating condition.
4. In safe mechanical condition as required by law.

I further certify that while using a privately-owned vehicle on County business or County time:

1. I understand that my insurance is primary in the event of loss. The per mile reimbursement rate includes all costs related to the operation of the vehicle including liability and auto insurance.
2. All accidents will be reported to the County Risk Manager within 24 hours. All reports will be made on the Plumas County Incident Report Form.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ Insurance Company \_\_\_\_\_

Employee's Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Approval: Use of privately-owned vehicle, on County business, County time, has been approved for the time period of 7/1/ \_\_\_\_ thru 6/30/ \_\_\_\_ (Maximum one year)

Department Name \_\_\_\_\_

\_\_\_\_\_  
Department Head's signature

\_\_\_\_\_  
Date