## 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 Sections 1-4 (Employee and Volunteer Rights and Responsibilities); 6-22(County Driver Training); 6-23 (Motor-Vehicle Record Checks); 6-24 (Loss of Driver's License); and 10-6 (Volunteer Firefighter grievance procedures).

1.	Volunte A. B.	eer completes the application and the background check authorization.  All volunteers must complete a Volunteer/Intern packet; the packet includes an application and other forms/acknowledgements and is available on El Sol.  This application form incorporates information from the formerly used Personal Information Sheet and Volunteer Waiver; therefore, these other forms are no longer needed.
2.	Voluntee A. B. C.	ers younger than 18 must obtain parental consent (as indicated on page 1 of the application)  Parent/guardian must sign page 3 of the application.  Volunteers <18 are not permitted to drive a county vehicle;  Volunteers <16, contact the appropriate HR Administrator (re: child labor concerns; work permit from school, etc.).
3.	Departr A. B. C.	ment Head approves the application.  Dept. Head signs at the bottom of page 3.  Dept. Admin Asst or Secretary keeps the application in dept files; and forwards page 3 to HR.  For those volunteers performing office and administrative work, skip to step #5.
4.		ment submits the application and background check authorization form to HR for a bund check  Background processing time is approximately 1 week. These applicants may not begin work until HR notifies the department
5.	Volunte DVD. A. B. C.	HR notifies the department that clearance received for volunteer to begin work. Have volunteer/intern sign a volunteer orientation acknowledgement of training form. Have volunteer/intern read and acknowledge <u>Code of Conduct</u> ; Annual Disclosure Statement; and HR policy revisions (in English and Spanish). HR issues volunteer a photo ID Badge.
6.	End of 'A.B.C.	Volunteer/Intern service.  Dept. downloads, from El Sol, and completes Employment Separation Checklist.  Dept. collects ID Badge and sends it to HR for destruction.  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 N	AME:			
Address:	CITY:		STATE:		ZIP:	
TELEPHONE: ( )		CELL PHON	IE: ( )-	-		
Hours of Availability:		E-mail Add	dress:			
page 2.  If you have any relatives includir uncle, niece, nephew, cousin, gr domestic partner working or volu	or older?  Yes No If no, parent or guardian must sign including spouse, parent, child, step-child, sibling, in-law, aunt, usin, grandparent, grandchild, member of a household or or volunteering for the County, provide the name of the ur 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 Employer

Education								
High School		Years Cor	Years Completed		Date Diploma received/expected			
College or	Location		Years Cor	npleted	Date Degree received/expected			
Vocational School								
Special Skills or Tra	inina.							
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Employment, Volur	nteer Service o	or Internships	s (start with pre	esent or mo	ost current)			
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DESCRIBE WORK DUT	ES.							
Attach supplementa	I sheets, if ned	cessary						
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Personal Reference Name	18 (00 HOLHSLI	YEARS	TELEPHO	NF		ADDRESS		
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Person to Notify Incase of an Emergency  NAME RELATIONSHIP			TFIFP	TELEPHONE		ADDRESS		
TOTAL			12221					

## VOLUNTEER/INTERN CERTIFICATION

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 interm, 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. Eachnowledge 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 o	Name:	Department:		
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 e				
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 1 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		- PLEASE READ CAREFULLY		
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:	I authorize Doña Ana County, or its duly according to my activities from individuals, schoonsumer reporting agencies. This information achievement, performance, attendance, discipline each may pertain to the volunteer/intern position to investigate all statements contained in this adecision on my status as a volunteer/intern. A control the original. My Signature, below, releases all conformer employers, to the fullest extent permitted and expenses, including but not limited to, attonated reporting any such information. I certify that best of my knowledge. I understand that any faction my application or interview(s) may result in my my dismissal as a volunteer or intern.  Benefits and Release of Liability  I understand that I am required to abide by County. I acknowledge that there is no remune unpaid intern. With the exception of volunteer retirement credit), there are no benefits associated the county. Further, I acknowledge that I will pown risk, with full knowledge and understanding in the event of an injury. My signature, below, entitled to pay or benefits for my volunteer served hold Dona Ana County harmless from any clair arise during the course of my volunteer service of the course of my volunteer service.	mools, employers, criminal justice agencies, or may include, but is not limited to my academic, ne, and criminal history record and conviction as a I have applied for. I authorize Doña Ana County application as may be necessary in arriving at a copy of this release shall have the same effect as of the above, including the county, its agents and do by law from claims, damages, losses, liabilities, rney fees and court costs, arising from retrieving answers given herein are true and correct to the lese, incomplete, and misleading information given by not being selected as a volunteer or intern, or in all rules, policies and procedures of Doña Ana ration for my services rendered as a volunteer or er firefighters (who may be eligible for limited ated with my volunteer service or internship with perform the duties of a volunteer or intern at my go that I am not eligible for worker's compensation acknowledges my understanding that I am not evice or internship with the county; and that I will me for damages, injuries, or other losses that may or internship.		
(if applicant is under 18 years of age)  I,	Signature of Applicant:	Date:		
Signature of Parent or Guardian: Date:	(if applicant is under 18 years of age)  I, (print name of parent or guardian), agree that my child,			
Annroyed: (Signature of Department Head)  Date:		Date:		
Approved. (Orginature of Department Flead)	Approved: (Signature of Department Head)	Date:		