

**PINAL COUNTY – HUMAN RESOURCES DEPARTMENT
VOLUNTEER**

(THIS FORM IS TO BE USED FOR VOLUNTEER STATUS ONLY)

1. Date of Volunteer Status Effective Date: _____	2. Department Name/Contact Person/Extension (To receive action form back) (PLEASE PRINT):
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VOLUNTEER INFORMATION:

3. (Social Security Number)/(If applicable ID Number)	4. Last Name:	5. First Name:	6. M.I.
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NEW:

7. Status: ___ Volunteer		
8. Department Name:	9. Volunteer work title (i.e. Extra Help, Office Help):	10. Volunteer Supervisor:

MAILING ADDRESS:

11. Street/PO Box:	12. City/State:	13. Zip Code:
14. Home Phone: ()	15. Cell Phone/2nd Phone of Contact: ()	

CHANGE REASON:

16. Date of Completion of Volunteer Service:	
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COMMENTS:

Appointing Authority certifies that this action conforms with all applicable Policies and Procedures.

_____ Volunteer Supervisor	_____ Date
_____ Department Director	_____ Date
_____ Human Resources Representative	_____ Date

_____ Elected Official/Assistant County Manager	_____ Date
N/A	
_____ Budget Office Representative	_____ Date
_____ Volunteer	_____ Date

HRIS Entered By:	Date:
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PINAL COUNTY
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PINAL COUNTY VOLUNTEER INFORMATION QUESTIONNAIRE

VOLUNTEERS NAME (PLEASE PRINT): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HAVE YOU EVER PREVIOUSLY VOLUNTEERED WITH PINAL COUNTY? ____ YES ____ NO
IF YES, WHEN AND WHERE? _____

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY PINAL COUNTY? ____ YES ____ NO
IF YES, WHEN AND WHERE? _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPIRES: _____ DATE OF BIRTH: _____ ISSUED: _____

EMERGENCY CONTACT INFORMATION

NAME (PLEASE PRINT): _____ RELATIONSHIP _____

PHYSICAL ADDRESS: _____
CITY, STATE

HOME PHONE NUMBER: (____) _____

WORK PHONE NUMBER: (____) _____ CELL NUMBER: (____) _____

SECOND EMERGENCY CONTACT (IF APPLICABLE)

NAME (PLEASE PRINT): _____ RELATIONSHIP _____

PHYSICAL ADDRESS: _____
CITY, STATE

HOME PHONE NUMBER: (____) _____

WORK PHONE NUMBER: (____) _____ CELL NUMBER: (____) _____

SIGNATURE: _____ DATE: _____



PINAL COUNTY STATEMENT DRUG-FREE WORKPLACE FOR VOLUNTEERS

Pursuant to the Federal Drug-Free Workplace Act, Pinal County prohibits the unlawful manufacture, use, possession or distribution of controlled substance by its volunteers in the workplace they are volunteering their services. A volunteer is “in the workplace” when he/she is on County property, at the usual volunteer location or on volunteer County business.

- A. Evidence of being under the influence of controlled substances or on-duty unlawful manufacture, use, possession or distribution of controlled substances by volunteers will result in the immediate termination of their volunteer services.
- B. Any employee convicted of a violation of a criminal drug statute, where that violation occurs in the volunteer workplace, must notify the County Human resources Department in writing within five (5) days of such conviction.
- C. All volunteers will certify that they have received a copy of this Volunteer Drug-Free Workplace Policy and copies of this certification will be placed in the individual volunteer files.

Volunteers Name (PRINT): _____

I certify that I have received copies of the Pinal County Volunteer Drug Workplace Policy statement and the Drug and Alcohol Policy. I understand that I must notify the County within five (5) of any conviction for violation of a criminal drug statute where that violation takes place in the workplace.

(Volunteers Signature)

(Date)

Witnessed By:

(Signature)

(Date)



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PINAL COUNTY VOLUNTEER SERVICE AGREEMENT

I, **(Print Name)** _____, do hereby volunteer my services as a **(Position)** _____ in the **(Department)** _____ department of the Pinal County Government.

I understand that, as a volunteer, I am not entitled to any form of compensation including, but not limited to, cash, health care insurance, retirement, Social Security, Employee Assistance Program access or life insurance. I agree to abide by the rules and policies of the Pinal County government and the department of **(Department)** _____. I understand that I, or my Appointing Authority, may discontinue my participation in this program at any time during the period of service. **(Print Name Appointing Authority)** _____.

I understand that, as a volunteer I am not entitled to any of the rights and privileges as described in the Pinal County Uniform Merit System Rules. Furthermore, I understand that participation as a volunteer does not entitle nor guarantee me future employment with Pinal County.

Volunteer Signature

Date

Appointing Authority/Supervisor Signature

Date



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PINAL COUNTY VOLUNTEER STATUS CHECKLIST

1. Does the individual receive any:

a) Compensation?

YES NO

b) Benefits such as group insurance, pension plans or length of service awards?

YES NO

c) Nominal fee such as a per call payment?

YES NO

d) Reimbursement of expenses such as meals, transportation and uniform allowances?

YES NO

If the answer is yes to any of the above questions, please describe the nature of the compensation and the basis under which it is paid:

2. Is the individual currently employed and paid to perform work for Pinal County?

YES NO If yes, please describe:

3. Is the individual being paid to perform the same type of services which the individual is volunteering to perform?

YES NO

If yes, are the services being performed for the same public agency?

YES NO

4. Does the individual have a civic, charitable or humanitarian reason for volunteering?

YES NO If yes, please describe:

5. Identify the place the individual works, if they are paid to work:

6. Identify the agency for which the individual wishes to volunteer services:

7. If the individual both volunteers services and is paid to perform different work, describe the differences between the duties. If possible, identify the 3-digit categories for the various occupations in the Department of Labor's Dictionary of Occupational Titles:

8. How many hours a week will the individual volunteer?

9. Will there be a set schedule under which the individual will volunteer to perform services?

YES NO *If yes, please describe:*

10. Does the individual intend to volunteer services related to law enforcement?

YES NO *If yes, and the individual is employed as a law enforcement officer, note the existence of and attach copies of any mutual aid agreements involving differing governmental jurisdictions.*

11. Does the individual receive any academic credit for his or her duties?

YES NO *If yes, please describe the credit and note the institution of learning.*

12. Is the training received by the individual valuable to career advancement?

YES NO *If yes, describe the career advancement potential:*



STATEMENT OF USE AND CONFIDENTIALITY FOR VOLUNTEERS

I acknowledge that any information acquired during the performance of my volunteer services with Pinal County, in the course of my assigned volunteer duties or in contact with any of the County's business affiliates, must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-PHI) as well as employee information, financial information, and County business related information.

Each individual volunteering for the County is responsible for protecting the privacy of County clients, employee information, financial information and business information. They must also take care to preserve the confidentiality of such information in conversations, and in handling, copying, storing and disposing of documents and any and all electronic media that contains such information.

Access to County networking systems, HIPAA-PHI systems, employee information systems, financial information systems and other business affairs systems is permitted only on a need to know basis for the required performance of assigned responsibilities. Any violation of this acknowledgement or County policies and procedures is strictly prohibited.

Each volunteer is responsible for maintaining confidentiality by never discussing confidential information with others, never sharing passwords or access to information systems and always locking or logging off a terminal or work area when leaving. Each person is accountable for all activity under their password account. Such activity may be monitored.

Disclosure of confidential information is prohibited except when it is required for the performance of the normal requirements of one's volunteer services. Disclosure of confidential information as described above is prohibited indefinitely, even after termination of volunteer services, employment, contract or any business agreement/relationship unless specifically waived in writing by an authorized representative of the County.

I certify that I have received and read this Statement of Use and Confidentiality Acknowledgement and understand the requirements set forth in it. I understand that I may be subject to criminal legal action and/or civil monetary penalties up to \$25,000 per person, per year for violations of the confidentiality of HIPAA-PHI. Any volunteer who violates the privacy and confidentiality of patient health information as well as employee information, financial information, and County business related information, through disclosure or otherwise, will be subject to termination of his or her volunteer services with Pinal County.

Name (Print): _____ Title: _____

Signature: _____ Date: _____