

**San Bernardino County
Public Works-Special Districts
Volunteer Orientation**

Voucher #:



Volunteer's Name _____ Date _____

Volunteer District/Dept Assigned _____

All new Volunteers of Special Districts are required to participate in a New Volunteer Orientation. All Programs, Policies, Rules, Regulations will be fully explained by your supervisor.

- Volunteer Application
- Volunteer Agreement
- At-Will Volunteer Form
- Oath of Allegiance
- Authorization to Obtain and Release Records and Information
- "Use of Private Vehicle on County Business" Policy (if applicable)
- Copy of California Driver's License**
- Copy of Live Scan form
- DOJ Results

I have been provided with an overview regarding the above and understand that it is my responsibility to read and understand all materials given me. It is also my responsibility to contact my supervisor if I do not understand any portion of this material.

Employee's Signature

Date

Individual Conducting Orientation

Date

File in Volunteer's personnel file

SAN BERNARDINO COUNTY SPECIAL DISTRICTS DEPARTMENT



ADMINISTRATIVE HEADQUARTERS
222 W. Hospitality Ln. 2ND FLOOR SAN BERNARDINO
(909) 386-8836 FAX (909) 386-8845

Trevor Leja
Assistant Director

VOLUNTEER APPLICATION

VOLUNTEER DEPARTMENT/DIVISION ASSIGNED _____

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

WORK PHONE () _____ HOME PHONE () _____

SOC. SEC. # _____ DRIVERS LICENSE # _____

EMPLOYER INFORMATION: LIST CURRENT OR MOST RECENT EMPLOYMENT INFO:

COMPANY _____ PHONE () _____

FROM _____ TO _____ JOB TITLE _____

HIGH SCHOOL _____ GRADUATE () YES () NO

COLLEGE OR UNIVERSITY: YEARS ATTENDED _____ MAJOR _____

CONVICTIONS - You must complete this section to be considered for a volunteer position. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying.

As an adult (age 18), have you ever been convicted, or pled guilty or no contest, to a misdemeanor or felony (excluding marijuana-related offenses over two years old pursuant to Labor Code 432.8)? () Yes () No

Date/Location of Conviction/Plea: _____ Penal Code Number (Section Required): _____

Explanation:

SIGNED _____ DATE _____



Volunteer Agreement

This agreement is entered into between volunteer _____ and the San Bernardino County Special Districts Department (District), and services to define the support provided to the volunteer by the District and the terms and conditions of continued employment. It is the intent of this District to extend all rights and support necessary for the volunteer to carry out the duties in an efficient and effective manner. Following are the terms of this agreement:

- I. This is a volunteer program without monetary benefits and I may be called upon to assist the District in providing normal or emergency services.
- II. I shall perform those job functions assigned to the designated position I shall fill.
- III. Insurance:
 - A. Worker's compensation/liability:

While working in a designated volunteer position, I shall be covered under the District's liability and workman's compensation insurance coverage, but I shall not be covered under the District's workers compensation plan if I am an unpaid student intern.
 - B. Vehicle:
 1. District vehicle:

If it is necessary for me to operate a district vehicle, I shall satisfy the following conditions:

 - a). Possess a valid California driver's license
 - b). Provide a current driving history record from the Department of Motor Vehicles
 - c). Receive written approval from the District
 - d). Complete a 4-hour course in Driver Awareness offered by the County of San Bernardino. Volunteer supervisor must contact Risk Management to sign up for course (909) 386-8624.
 2. Private vehicle:

When using my private vehicle on District business, I shall satisfy the following conditions:

 - a). Possess a valid California driver's license
 - b). Provide a current driving history record from the Department of Motor Vehicles
 - c). Have volunteer status by the District
 - d). Complete a 4-hour course in Driver Awareness offered by the County of San Bernardino. Volunteer supervisor must contact Risk Management to sign up for course (909) 386-8624.
 - e). Show evidence of legally required auto liability insurance covering bodily injury and property damage.
- IV. Division Responsibilities:

The District designee will provide supervision and training in the specified areas assigned.

VI. Volunteer Conduct:

I am to follow all District policies and practices regarding conduct and ethics, which apply to District employees, and my services may be discontinued if I fail to do so.

I hereby acknowledge that I have received a copy of the following San Bernardino County Fire/Special Districts policies:

- Drug & Alcohol Testing Policy Initials: _____
- Drug Free Workplace Policy Initials: _____
- Code of Safe Practices Initials: _____
- Non-Discrimination/Harassment Policy Initials: _____
- Violence in the Workplace Policy Initials: _____

VII. Volunteer understanding:

I, the undersigned, have read and understand the District policy for volunteer utilization and the volunteer agreement and shall adhere to these rules. I understand a copy of these documents will be given to me upon request.

Emergency Contact: _____ Phone: _____

Volunteer Department / Division: _____

Volunteer Signature: _____ Date: _____

Division Manager / Designee Signature: _____

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Assistant Director

ACKNOWLEDGMENT OF AT-WILL VOLUNTEER

I, _____, acknowledge that I am an at-will volunteer with the San Bernardino County Fire and Special Districts Department, without vested property rights in my position as a volunteer. I may be terminated/released at any time; without cause, and without right of appeal.

Applicant Signature _____

Witness Signature _____

Date _____

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Employee ID _____

OATH OF AFFIRMATION OR ALLEGIANCE

SAN BERNARDINO COUNTY

(Required by Chapter 8, Division 4, Title 1 of Government Code)

I, **(print name)** _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

FORM MUST BE FILLED OUT IN BLUE OR BLACK INK

Employee:

1. **Legibly** enter your Employee ID.
2. Print your complete name on the first line.
3. Read the Oath of Affirmation or Allegiance.
4. Sign your normal signature on the space labeled "Signature of Employee or Volunteer".
5. Completely fill in the "Department/Location".

Payroll Specialist:

1. After having the employee read and sign the Oath, fill in the date using the written word for day (first, second, etc.) and the complete month and year.
2. Get the signature of the "Authorized Official" who actually administered the Oath. This can be the Department Head, a Deputy or the Payroll Specialist. The Department Head may deputize any employee to sign these forms on their behalf.
3. Fill in the title of the person administering the Oath.
4. Thoroughly review all information to ensure completeness and accuracy of information provided.

Distribution:

Original – EMACS-HR (0030)
Copy – Department File

SIGNATURE OF
EMPLOYEE OR
VOLUNTEER _____

SPECIAL DISTRICTS DEPARTMENT
DEPARTMENT/LOCATION

Taken and subscribed before me this _____ day
of _____, 20 _____

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

No Fee May Be Charged for Administering This Oath

VOLUNTEER
AUTHORIZATION TO OBTAIN AND RELEASE
RECORDS AND INFORMATION

As a part of the San Bernardino County Fire/Special Districts Department pre-volunteer background check process, I, the undersigned, hereby authorize the San Bernardino County Fire/Special Districts Department, Human Resources Division, to procure and have in its possession any and all information, including personnel files and any sealed documents in personnel files, payroll and other records, reports and/or items concerning my previous employment, and/or any police or other reports concerning any accident in which I have been involved, and/or information regarding Department of Justice (Fingerprinting).

This release will be in effect for ninety (90) days from the date of the volunteer candidate's signature. Upon request, the candidate may receive a copy of this release.

Volunteer Signature: _____

Print Name: _____

Date: _____

SS# (last four): _____

INTEROFFICE MEMO

DATE:

PHONE: 386-8836



FROM: Trevor Leja
Public Works-Special Districts Division

TO: DRIVERS OF PRIVATE VEHICLES ON
COUNTY BUSINESS

SUBJECT: COUNTY POLICY FOR USE OF PRIVATE VEHICLES ON COUNTY BUSINESS

On October 16, 1974 the Board of Supervisors adopted the attached policy regarding use of private vehicles on County business.

To ensure that this policy is still adhered to, the following information is being secured from employees who are authorized to use their private vehicles on County business:

NAME: _____

CA DRIVER'S LICENSE NO: _____

EXPIRATION DATE: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

EXPIRATION DATE: _____

In securing the insurance information, it should not be necessary to furnish a copy of your insurance policy.

Please provide the above requested information, retain the attached policy for your records.

If you have any questions, please feel free to contact me.

GTB:mm

Attachment



COUNTY OF SAN BERNARDINO
POLICY MANUAL

No. 12-02

ISSUE 1

PAGE 1 OF 1

By

EFFECTIVE 10/15/74

SUBJECT

PRIVATE VEHICLE USED ON COUNTY BUSINESS

APPROVED

NANCY E. SMITH

CHAIRMAN, BOARD OF SUPERVISORS

POLICY STATEMENT

The following rules shall govern the use of private vehicles used on County business:

1. Employees authorized to use private vehicles on County business shall possess a valid California Driver's License.
2. Private vehicles used on County business shall be covered by vehicle liability insurance at least equal to the minimum requirements of the California Vehicle Code. Such requirements currently are:
 - a. \$15,000 for single injury or death.
 - b. \$30,000 for multiple injury or death.
 - c. \$5,000 for property damage.

Employees who do not meet the above requirements shall not be permitted to use private vehicles on county business until such requirements are met.

SAN BERNARDINDO COUNTY
PUBLIC WORKS-SPECIAL DISTRICTS DIVISION

NOTICE OF CONFIDENTIALITY
OF DEPARTMENT INFORMATION

1. Employees/Volunteers shall not disclose or allow access to information contained in or obtained from Local Summary Criminal History Information, records maintained by State Department of Justice, or material, documents and information received from the Federal Bureau of Investigation or any other agency of State or Federal government, unless such disclosure or access is authorized by law.
2. Employees/Volunteers shall not use any information derived from Department sources or records for personal gain or use, except as authorized by law or Department policies and procedures.
3. Employees/Volunteers shall not permit any person to receive information connected with the operation of the Sheriff's department without permission of the Department or as otherwise provided by law or Department policies and procedures.
4. Employees/Volunteers shall not disclose to anyone the fact or the nature of an investigation, except as provided by law or Department policies and procedures.
5. Serving the public provides each of us with a great responsibility. Consequently, there can be no compromise in the requirement for all employees/volunteers to follow the Department's policies and procedures on records and information and this "Notice of Confidentiality of Department Information."

Any violations of said requirements shall be subject employees/volunteers to serve disciplinary action or termination.

6. Penal Code Section 1142, relating to State Summary Criminal History Information, provides as follows:

Penal Code Section 1142. Authorized person furnishing record or information to an unauthorized person, misdemeanor.

Any person authorized by law to receive a record or information obtained from a record who knowingly furnished the record or information to person who is not authorized by law to receive the record or information is guilty of a misdemeanor.

7. Penal Code Section 13302, relating to Local Summary Criminal History Information, provides as follows:

Penal Code Section 13302. Furnishing to unauthorized person by authorized person.

Any person of the local criminal justice agency who knowingly furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor.

I have read and understand the Notice of Confidentiality of Department Information.

Name: _____

Signed: _____ Date: _____



CRIMINAL CONVICTION HISTORY REQUEST FORM

The information requested below is necessary for the specific position for which you have been given a conditional offer of employment. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Last Name (print):	First Name (print):
<p>Have you ever been convicted of a criminal offense (felony or misdemeanor)? A conviction includes a plea, verdict or finding of guilt, regardless of whether a sentence was imposed by the court.</p> <p>Please do not consider any of the following:</p> <ul style="list-style-type: none">• Arrests or detentions that did not result in a conviction (unless you are out on bail or out on your own recognizance pending trial);• Records or information concerning a referral to, and participation in, any pretrial or post-trial diversion program;• Convictions that have been judicially dismissed or ordered sealed, expunged, or statutorily eradicated by law;• Misdemeanor convictions for marijuana-related offenses that are more than two years old; or• Any juvenile arrest, detention, processing, diversion, supervision, adjudication, or court disposition. <p>Yes: _____ No: _____</p>	
<p>If you answered "Yes" to the above question, please indicate the following:</p> <p>Date & Location of each conviction:</p> <p>Penal Code section or Health and Safety Code section for each conviction:</p> <p>Explanation:</p>	
<p>I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this form. I understand that any omission or misstatement of material fact on this form will be grounds for rejection of my conditional offer of employment or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p> <p>Signature: _____ Date: _____</p>	