



## VOLUNTEER PROGRAM INFORMATIONAL SHEET

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A volunteer is defined as an individual who performs hours of service for a public agency for:

- Civic; or
- Charitable; or
- Humanitarian reasons

Without promise, expectation or receipt of compensation or benefits for services rendered.

### **Suitable Volunteer Assignments:**

Any work-related tasks and/or short-term projects that contribute to the departmental objectives.

### **Volunteer Information:**

Volunteer must fill out Volunteer Information Packet prior to starting volunteer service.

Department will review Volunteer Information Packet to determine if skills and experience are suitable for volunteer position.

Department will conduct an interview with the volunteer.

### **Placing Individual into Volunteer Service with Cochise County:**

Volunteer and Supervisor must review and sign Volunteer Agreement.

Department should instruct volunteer on how to fill out time sheet if required.

Department should orient volunteer with staff, set up of office and department procedures.

Department should provide support and training on the use of office equipment.

### **Recordkeeping of Volunteers:**

Send completed Volunteer Information Packet and Agreement Form to Human Resources upon assignment.

Maintain and updated master list of your departments volunteers to include name, address and phone number.

Send quarterly "Employers' Volunteer Report for Workers Comp" to Human Resources.

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For more information call Human Resources at  
520-432-9700

## Volunteer Information

Name: ..... Social Security #: .....

Date of Birth: ..... 18 years of age: Yes ☐ No ☐ Phone Number: .....

Email: ..... Home Address: .....

Mailing Address (if different): .....

Driver License #: ..... Type: ..... Restrictions: ..... Exp. Date: .....

Automobile Insurance Carrier ..... ; provide copy of insurance card.

Emergency Contact: ..... Relation: ..... Phone #: .....

## Optional Information:

Educational  
Background

Professional  
Experience

## Skills and interests (Check all that apply)

☐ Accounting

☐ Clerical/Secretarial

☐ Sheriff's Office

☐ Sheriff's Reserve

☐ Youth Programs

☐ Sheriff's Explorer

☐ Transportation

☐ Water Conservation

☐ Health/Wellness

☐ Corrections

☐ Personnel

☐ Economic  
Development

☐ Judicial/Legal

☐ Probation

☐ Data Entry Aging

☐ Programs

☐ Engineering

☐ Research/Library

☐ Finance

☐ Medical

☐ Respite Care

☐ Counseling/Social

☐ Services Housing

☐ Computers

Volunteer Signature: ..... Date: .....



**VOLUNTEER SERVICE LOG**

Department: ..... Title: .....

Volunteer Name: .....

Name	Task Description	Time In	Time Out	Date	Total hours

Volunteer Signature: ..... Date: .....



# Cochise County Human Resources Department

*Public Programs...Personal Service*  
www.cochise.az.gov

## VOLUNTEER AGREEMENT

I \_\_\_\_\_ agree to the following terms:

1. To be punctual and dependable
2. To work the following days and hours:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Scheduled Hours to Work: \_\_\_\_\_

3. To accurately record my time worked
4. To perform my assigned tasks safely and ask for direction as needed
5. To report any work-related injuries or safety hazards immediately to my supervisor
6. To abide by Cochise County policies

I recognize that as a volunteer, I may hear or see confidential information. I agree to not disclose any information to the media or anyone other than the Cochise County employee(s) immediately responsible for that information.

If I drive either my personal vehicle or a Cochise County vehicle in the performance of my County volunteer work, I give Cochise County permission to verify my driver license status and driving record through MVD. I certify that I have at least the state required minimum limits of liability.

I understand that my status with Cochise County is of an unpaid volunteer and that I am not eligible for compensation or any Cochise County benefits. I understand that I will be covered by the County's Worker Compensation Insurance in the event of an injury or illness while performing my assigned duties. I understand my volunteer service may be terminated or amended at the discretion of the Department Director acting on the behalf of the County at any time.

I acknowledge and understand this volunteer agreement:

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

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