

**Appendix G
Placer 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 Placer. 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 Placer 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 Placer 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 Placer as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of Placer, 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 PLACER AND SIGN IT OF MY OWN FREE WILL.

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

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

Department Name: _____ **Department Head:** _____

Period of Report: (Circle) **1st Half (7/1 - 12/31)** **2nd 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:** _____

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:** _____

Total Current Volunteers for this Period: _____ **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 B
Placer 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
Bites: snakes, dogs, insects	Protective clothing, footwear, gloves	Hazard specific training
Heat Stress: heat stroke, exhaustion, or dehydration	Ventilation, heat resistant clothing, water to replenish lost fluids	Recognition of heat stress signs
Sun Exposure: skin cancer or vision damage	Sunscreen, brimmed hat, ultraviolet eye protection and protective clothing	Sun hazard awareness
Driving: 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
Office Equipment: paper cutters, shredders, file cabinets, computer screens or keyboards	Proper footwear and clothing for office	Safe operations specific to equipment, RMI prevention
Hand Tools: powered or unpowered	Proper footwear, clothing and eye protection	Safe hand tool use, RMI prevention
Footing Traction: slippery, uneven or unstable walking surfaces/terrain	Proper footwear	Slips, trips and falls protection
Ladders: freestanding or fixed	Proper footwear, safety tie offs, bracing	Ladder safety
Elevated work surfaces: falls from height	Fall protection, proper footwear	Slips, trips and falls
Noise: noise from machinery/equipment	Hearing protection	Hearing conservation
Body Position/Leverage: 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
Chemicals: 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
Biowaste: bodily fluids or OPIM	Gloves, face and eye protection	Bloodborne pathogen training

Additional Hazards: _____

Volunteer Signature _____
Date

Supervisor Signature _____
Date