



GREEN LAKE COUNTY APPLICATION FOR STUDENTS & VOLUNTEERS

TYPE OF VOLUNTEER/STUDENT POSITION

DATE OF APPLICATION

PERSONAL DATA

Last name First name Middle name

Address City State Zip Code

Telephone Number Alternate Number Social Security Number

E-mail address:

- | | YES | NO |
|---|-----|----|
| 1) HAVE YOU BEEN KNOWN BY ANY OTHER NAME?
(If so, please indicate)

_____ | | |
| 2) IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF
OF YOUR ELIGIBILITY TO VOLUNTARILY INTERN? | | |
| 3) HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?
(if yes, give date)

_____ | | |
| 4) HAVE YOU EVER BEEN EMPLOYED OR DONE VOLUNTEER
WORK WITH US BEFORE? (If yes, give date)

_____ | | |
| 5) ARE YOU CURRENTLY EMPLOYED? | | |
| 6) MAY WE CONTACT YOUR PRESENT EMPLOYER? | | |
| 7) HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN
THE UNITED STATES MILITARY?
(If yes, please describe)

_____ | | |

YES NO

- 8) DO YOU HAVE ANY LIMITATIONS WHICH WOULD REQUIRE SPECIAL ACCOMODATIONS FOR YOU TO PERFORM THE ESSENTIAL FUNCTIONS/ DUTIES OF THE VOLUNTEER OR INTERN POSITION FOR WHICH YOU ARE APPLYING? (If Yes, Please explain)

- 9) HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? **(Convictions will not necessarily disqualify an applicant from employment)**
- 10) DO YOU HAVE ANY CRIMINAL CHARGES PENDING, OTHER THAN MINOR TRAFFIC VIOLATIONS, WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING? **(Pending criminal charges are not an automatic bar to employment. Each case is considered on a case by case basis. If yes, please explain)**

- 11) DO YOU HAVE THE SPECIAL LICENSES REQUIRED FOR THIS VOLUNTEER/INTERN POSITION?

SEE JOB DESCRIPTION FOR ANY LICENSES REQUIRED.

CONFIDENTIALITY AND NON-DISCLOSURE ACKNOWLEDGEMENT: VOLUNTEER

As a volunteer for the Department of Health Services of Wisconsin /Green Lake County and providing services associated with the federal emergency food assistance program (TEFAP) commodities at food pantries, soup kitchens and shelters, I understand that all records and information regarding the individuals and households receiving food assistance must be maintained in strictest confidence. I have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which I have access in carrying out my duties. Confidentiality information may include but is not limited to: recipients of food assistance; household composition, names, addresses, and phone numbers. It may be from any source and in any form (oral, written or electronic). This information may be protected by state and federal laws and by policies of the Department.

I agree to keep confidential any individual and household information I may obtain either directly or indirectly during the course of my volunteer work at Green Lake County.

Sarah

Name of Volunteer

SIGNATURE – Volunteer

Date Signed

TEFAP Distribution Site

Division of Public Health TEFAP Contracted Agency

GREEN LAKE COUNTY

Affirmative Action Data Collection Self-Declaration

The following information is requested to meet requirements for state and federal reporting. The data collected will be used for this purpose only. Submission of this data is **voluntary**. Responses remain strictly confidential and are filed separately from your application record. Green Lake County is an Equal Employment/Affirmative Action Employer and does not discriminate on the basis of sex, race, religion, color, national origin, age, physical condition or other protected status.

Race/Ethnic Group: (Please check the appropriate category)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> American Indian | |

Veteran Status:

Have you been a member of the arm forces?
☐ Yes ☐ No

Vietnam Veteran's Era?
☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Position Applied For:
Date of Application:

Name:

Signature:

How did you learn of this position? Please check one.

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Employee of the County | <input type="checkbox"/> Green Lake County Website |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employment Agency | |

GREEN LAKE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

VOLUNTEER/EMPLOYMENT RECORD
(Including military experience, if job related. List employment beginning with present or last job)

Company Name: Address: City: State: Job Title: Supervisor: Dates Employed: <small>(From 1Mo/Yr/to Mo/Yr)</small> Salary Starting:	Phone Number: Zip Code: Reason for Leaving: Specific Duties: Ending Salary:
Company Name: Address: City: State: Job Title: Supervisor: Dates Employed: <small>(From 1Mo/Yr/to Mo/Yr)</small> Salary Starting:	Phone Number: Zip Code: Reason for Leaving: Specific Duties: Ending Salary:
Company Name: Address: City: State: Job Title: Supervisor: Dates Employed: <small>(From 1Mo/Yr/to Mo/Yr)</small> Salary Starting:	Phone Number: Zip Code: Reason for Leaving: Specific Duties: Ending Salary:
SPECIAL SKILLS AND QUALIFICATIONS Summarize special job-related skills and qualifications acquired from employment or other experience	

**LIST EDUCATION LICENSES CERTIFICATES AND DEGREES RELATED TO THE POSITION
SOUGHT**

INSTITUTIONS ATTENDED	CURRICULUM	DEGREES &/or CERTIFICATES EARNED

AUTHORIZATION & ACKNOWLEDGEMENT FOR EMPLOYMENT WITH GREEN LAKE COUNTY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Green Lake County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to Green Lake County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Green Lake County including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I must undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Green Lake County. Refusal to participate will result in the rejection of my application.

Applicant's Signature: *(Signature must be on submitted application)*

Date:

GREEN LAKE COUNTY PROVIDES EQUAL EMPLOYMENT OPPORTUNITIES TO ALL QUALIFIED EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO MEMBERSHIP IN A PROTECTED CLASSIFICATION.

PLEASE RETURN APPLICATION AND BACKGROUND DISCLOSURE FORM TO:

KAYLA YONKE, FINANCIAL/BUSINESS MANAGER
GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
571 COUNTY ROAD A
GREEN LAKE WI 54941
PHONE 920-294-4070 FAX 920-294-4139
Email: glcdhhs@greenlakecountywi.gov

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES POLICY OF VOLUNTEERS AND STUDENTS USE

All volunteers and student interns will need to complete an application and the background information disclosure form. (See attached.) This needs to be given to the Financial/Business Manager 10 days in advance to starting so that a criminal background and agency check can be accomplished.

A student/volunteer personnel record on each volunteer will be created and maintained in the same file cabinet as staff personnel records. A copy of any correspondence regarding the volunteer/intern or evaluation should go into their personnel file.

Unit Managers who supervise volunteers/interns should complete the same orientation checklist as new employees and have the volunteer/intern sign it. It should then be placed in their personnel file.

Volunteers must furnish evidence of appropriate auto insurance coverage for mileage reimbursement.

Students and volunteers should be informed as part of their orientation that their insurance is primary for any injuries they sustain during the course of their duties and that the County provides no Worker's Compensation benefit to them because they are not County employees.

Revised 01/05/2021

Please be sure to complete and submit the background check disclosure form along with your application to the email/address stated above.