Jackson County Volunteer Application

Thank you for considering Jackson County as a place to volunteer, intern or complete community service hours.
Please print legibly and complete the entire application. All applications are reviewed and if a suitable opportunity is available you will be contacted.

Position Desired: ☐ Volunteer ☐ Internship ☐ Community Service	Jackson County Department:	
Full Legal Name: (Please Print):		
Street Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:	Driver's License State & Number:	Last 4 Digits of SSN:
Date of Birth:	Ethnicity: ☐ White ☐ Black ☐ Am. Indian ☐ Asian/Pacific Islander ☐ Other	Gender: ☐ Male ☐ Female
Are you currently employed by Jackson County? ☐ Yes ☐ No	If yes, in what department?	
What skills do you have that will assist you with this volunteer position? (Ex: Computer, office skills, specific course work, artistic/athletic abilities, experience with youth, animals, etc.)		

Reference & Background Information
Please provide professional or personal references to include previous employers, volunteer supervisors, program instructors or other personal references.

Reference Name:	Phone:	Relationship to you:
Reference Name:	Phone:	Relationship to you:

Have you ever been convicted or pleaded guilty before a court for any federal, state, or municipal criminal offense? (Not including minor traffic misdemeanors)
☐ Yes ☐ No

If yes, please provide details below: (Include state, county, date of offense, and details of conviction)

Consent to Perform Background Check: In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Jackson County and its agent, at any time during or subsequent to my application process to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to Jackson County's use of any information provided during the application process to perform the volunteer services related background check.

I agree to release, indemnify, and hold harmless Jackson County and any agency used by Jackson County with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of Jackson County.

Further, all volunteers are required to inform the county within five (5) days after he or she is convicted for violation of any federal or state laws. Such convictions are to be reported to his/her supervising staff member.

Jackson County will accept background checks completed by other entities for volunteer/intern positions if the entity is willing to release copy. If another entity is providing copy of completed background check, please provide the organization's name and contact person.

Organization Name: _____ ***Contact Person:*** _____ ***Phone:*** _____

Certification of Information Provided: I hereby certify and attest that the information provided is true, correct, and complete. I understand that any falsification of information will disqualify me for volunteer/intern assignments with Jackson County.

Acknowledgement of Workers' Compensation: If approved as a volunteer, I *hereby* acknowledge that as a volunteer for Jackson County, I am not an employee of the County, but that I am covered under the County's Workers' Compensation policy unless otherwise provided for as part of malpractice/accident insurance that may be required by an educational institution. As a volunteer who is covered under Jackson County's Workers' Compensation policy, I expressly agree and acknowledge that Workers' Compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against Jackson County, its employees, officers, agencies, other volunteers, and officials. Furthermore, I agree that should I become injured while performing services assigned as a volunteer for Jackson County, I will immediately inform my supervisor.

Applicant Signature:	Date:
Parent or Guardian Printed Name and Signature (if applicant is a minor):	Date:

If approved as a volunteer, we request each individual provide us with an emergency contact:

Emergency Contact Name:	Emergency Contact Phone:

- - - FOR INTERNAL USE ONLY - - -

Background Check Conducted: ☐ Yes ☐ No	Background Findings: ☐ Acceptable ☐ Unacceptable
Reviewed By: (Staff Signature)	Date:

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COUNTY OF JACKSON
401 Grindstaff Cove Rd., Sylva, NC 28779
828-631-2295 volunteer@jacksonnc.org

The Jackson County Board of Commissioners is seeking volunteers who are interested in serving on various county boards and committees as follows:

1. Aging Council
2. Agricultural Advisory Board
3. Airport Authority
4. Board of Adjustment
5. Cashiers Planning Council
6. Cemetery Board
7. Community Advisory Committee-Long Term Care
8. Cullowhee Planning Advisory Committee
9. Greenways Advisory Committee
10. Historic Preservation Commission
11. Jackson County ABC Board
12. Library Board
13. Planning Board
14. Recreation & Parks Advisory Board
15. Region A Aging Advisory Council
16. Sediment Control Appeals Board
17. Solid Waste Advisory Board
18. Transit Advisory Board
19. Tourism Development Authority
20. Transportation Board
21. Water Resources Board
22. Watershed Review Board
23. 441 Corridor Council

Please complete form and return to the County Manager:

Name: _____
Address: _____
Telephone Numbers: _____ email: _____

Current place of employment (name and address: _____
_____

Professional Affiliations: _____

Interested in serving on the following boards/committees: _____
_____ _____
_____ _____