

Eureka County
P.O. Box 556
Eureka, Nevada 89316
(775)237-5263

Volunteer Service Application

An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

E-Mail address: _____

Are you a current **Eureka County** employee? Yes No If Yes, what department? _____

Volunteer Position Applied For: Emergency Vehicle Driver **Department:** EMS

Have you been given a position description or had the requirements of the volunteer service explained to you?
Yes No

Do you understand the volunteer service requirements? Yes No

Can you perform the requirements of this volunteer service with or without reasonable accommodations? Yes
No

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
1. <u>High School</u> 2. <u>First Responder course</u>				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

LICENSES (*Required for the position for which you are now applying. Not having these will not necessarily disqualify you for this volunteer service position; **Eureka County** will train qualified applicants.)

List driver's license and other current licenses, certifications, or registrations required for the volunteer service position for which you are applying. Indicate types, state license numbers, and expiration dates.

>*State _____ Class _____ DL Number _____ Expires _____ 20 _____

>State _____ EMT certification level _____ Certification Number _____ Expires _____ 20 _____

>NREMT Number; _____ Expires _____ 20 _____

>CPR card: []AHA BLS/HCP expires _____ 20 _____ []ARC CPR PR expires _____ 20 _____

List any special skills or certifications you possess and/or equipment you can operate. _____

List any Emergency Vehicle Operations class or course you completed, where and when _____

OTHER INFORMATION

If you are not a current **Eureka County** employee, have you previously worked for **Eureka County**?

Yes No When? _____

Is a relative of your's currently employed by **Eureka County**? Yes No Name: _____

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes No A conviction or guilty plea will not necessarily disqualify you for this job. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Have you ever been disciplined in your employment related to workplace violence? Yes No If yes, please explain: _____

Do you presently use illegal drugs? Yes No

VOLUNTEER SERVICE/EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same employer. List **only** employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. **Do NOT use references such as "See Resume" in place of completing this section.**

May we contact all employers listed? Yes No (Attach a list of any exceptions with an explanation.)

Present employer: _____ Present Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, contact Human Resources.

- _____ Following an offer of volunteer service, you may be required to submit verification of your legal right to work in the United States.
- _____ All information regarding compensation and other terms and conditions of volunteer service will be made in writing. Verbal statements may not be relied upon.
- _____ Volunteer service will be *at-will*. “*At-will*” means **Eureka County** may terminate my volunteer service at any time with no advance notice and for any reason or no reason.
- _____ This application is the property of **Eureka County** and will become part of my personnel file if I accepted for volunteer service. I authorize **Eureka County** to contact any employer or individual that I have listed on my volunteer service application and/or resume or mentioned in interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits, or other qualifications for volunteer service and/or continued volunteer service with **Eureka County**. I further authorize **Eureka County** to contact any institution and/or licensing authority for volunteer service-related information regarding education, licenses, and/or certificates which I may currently hold or may have held in the past.
- _____ I understand **Eureka County** will conduct a background investigation, in addition to any other licensing authority’s background investigation.
- _____ I understand that I will be required to complete a pre-employment drug screen as well as random and other drug and or alcohol testing required by the **Eureka County** Personnel Policy.

In exchange for **Eureka County’s** consideration of my volunteer service application, and/or my continued volunteer service with **Eureka County**, if any, I authorize anyone possessing this information to furnish it to **Eureka County** upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including **Eureka County**, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations. I further understand this consent will apply during the course of my volunteer service with **Eureka County**, should I obtain such volunteer service. I understand and agree this consent shall remain in effect indefinitely.

My signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

EUREKA COUNTY

POSITION DESCRIPTION

Volunteer Emergency Vehicle Driver

DEFINITION: Under the direction of the Eureka County Emergency Medical Service Coordinator and the direct supervision of a Volunteer Emergency Medical Technician, safely operates ambulance and performs a variety of volunteer professional services in support of the Eureka County volunteer emergency medical program.

DISTINGUISHING CHARACTERISTICS: This volunteer class is responsible for the safe operation of the ambulance while responding to medical and non-medical emergencies, standing by at events with the potential of injury and public service activities. This volunteer class does not provide medical care. Responds as needed, and for routinely scheduled training.

ESSENTIAL JOB FUNCTIONS: The duties listed below are examples of the volunteer service typically performed by an volunteer in this position. A volunteer may not be assigned all duties listed and may be assigned duties which are not listed below. *Marginal duties* (shown in *italics*) are those which are least likely to be essential functions for this position.

1. **Responds** to emergency and non-emergency calls for service. **Operates** ambulance safely at all times. **Assists** the Volunteer Emergency Medical Technician in rendering appropriate care in accordance with State Laws and Regulations as well as Service Protocols including, but not limited to, disentanglement, rescue, lifting/moving, loading/unloading and transport of patient. **Communicates** clearly with Dispatch, the Medical Control Hospital, other responders and hospital medical personnel in person, by radio and telephone.
2. After a call for service, inspect, refuel, stock, clean ambulance and equipment.
3. Immediately notifies the Coordinator if there is: an ambulance out of service, inoperative medical equipment, insufficient available volunteers, injuries to staff, major incidents, and accidents involving County equipment, vehicles or personnel.
4. Participates in training to maintain professional competencies, certificates and licenses. Obeys all applicable Nevada Revised Statutes and Nevada Administrative Codes.
5. Provides a welcoming, friendly environment for all volunteers and visitors. Does not participate in or accept conduct unbecoming a volunteer in Eureka County's service, or discourteous treatment of members of the public or a fellow volunteer, or any other act of omission or commission that impacts negatively on the public's perception of the integrity or credibility of Eureka County, or Eureka County EMS or erodes the public confidence in Eureka County, or Eureka County EMS. Actively recruits new volunteers. Encourages the retention of existing volunteers.
6. Maintains a neat, safe and clean physical environment. Promptly reports and if possible corrects safety violations and potential safety problems. Encourages the use of safe practices.
7. Maintains supplies on hand in a neat and orderly way. *Orders supplies through the EMS Coordinator.*
8. Performs other duties as assigned.

QUALIFICATIONS:

Special Requirements: Maintains Current and Valid: Nevada Driver’s license and Nevada Ambulance Attendant license. Must be able to speak, read and write English. Certificate or other evidence of successful completion of an Emergency Vehicle Operations course or training.

Experience and Training: The knowledge and ability listed above may be acquired through different types of education, training, and experience. An example of a typical way to acquire the qualifying knowledge and ability is listed below:

Driver’s training or education. Emergency Vehicle Operations training; certificate or other evidence of successful completion.

PHYSICAL REQUIREMENTS: The physical requirements described herein are representative of those that must be met by volunteers to successfully perform the essential functions of this position.

The volunteer must be able to perform in confined spaces and to be available during varied shifts, hours, and locations, including weekends and holidays. While performing the duties of this position, the volunteer is frequently required to walk or jog on uneven surfaces, bend, stoop, climb, crawl, squat, and stand for long periods of time. The volunteer must be able to lift and/or move weight of up to one hundred (100) pounds.

In compliance with applicable disability laws, reasonable accommodations may be provided for qualified individuals with a disability who require and request such accommodations. Incumbents and applicants who have been offered volunteer opportunity by Eureka County are encouraged to discuss potential accommodations with Eureka County.

SERVICE CONDITIONS:

Exposure to hazards, including, but not limited to; vehicle traffic, body fluids, toxic agents, smoke, dust, fumes, heat, cold, noise, and odor. Performs duties both inside and outside; being outside occurs on a frequent basis and requires exposure to; vehicle traffic, dust, fumes, high noise levels, and extreme weather conditions.

SAFETY SENSITIVE POSITION: Yes

<u>APPROVAL AND ACKNOWLEDGMENT OF RECEIPT</u>	
Department Head: _____ (Signature)	Date: _____
* Volunteer: _____ (Signature)	Date: _____
* Volunteer’s signature acknowledges understanding of the essential functions and requirements of this position. Volunteer also acknowledges receipt of this position description.	

Adopted: 03/07/2011

Revised: