



County of Riverside Human Resources
**Volunteer Application and
Personal History Statement**

Applicants must submit all application forms directly to the County department or agency in which the volunteer is applying to volunteer—applicants do not submit forms to the Human Resources Department. Each County department or agency administers its own volunteer program, if any, and may use a different form or application.

APPLICANT AND VOLUNTEER ASSIGNMENT INFORMATION

Applicant Name (Last, First, M.I.):		County Department/Agency Name:		Date:
Volunteer Assignment Title or Description:			Assignment Location:	
Previously Used Names/Aliases:		Days and Hours Available:		
Home Address (Number and Street, City, Zip):				
Provide Length of Residence in CA. If less than 4 years, also list previous addresses:				
Primary Phone Number:	Message Phone Number:	Date of Birth:	Social Security Number:	
Drivers' License Number, Class, Expiration Date, and Restrictions (restrictions required if authorization to drive will be sought):				

EMPLOYER INFORMATION (List current/most recent employer first)

Company Name:		Phone:		Date:
Address (Number and Street, City, Zip):			Dates of Employment (Start and End Dates):	
Job Title and Duties:				
Job Duties (Continued):				

Company Name:		Phone:		Date:
Address (Number and Street, City, Zip):			Dates of Employment (Start and End Dates):	
Job Title and Duties:				
Job Duties (Continued):				

Company Name:		Phone:		Date:
Address (Number and Street, City, Zip):			Dates of Employment (Start and End Dates):	
Job Title and Duties:				
Job Duties (Continued):				

EDUCATION INFORMATION

High School:		
Address (Number and Street, City, Zip):	Class Year:	As of today, have you graduated?
College or University:	Address (Number and Street, City, Zip):	
Major and Degree:	Dates of Attendance:	As of today, have you graduated?
College or University:	Address (Number and Street, City, Zip):	
Major and Degree:	Dates of Attendance:	As of today, have you graduated?
College or University:	Address (Number and Street, City, Zip):	
Major and Degree:	Dates of Attendance:	As of today, have you graduated?

SKILLS (Business skills, electronics, construction, CPR, photography, computer software, machines, and foreign language spoken fluently.)

CERTIFICATES, LICENSES, PROFESSIONAL MEMBERSHIPS AND DESIGNATIONS (For licenses, provide dates obtained, expiration dates, state of issue, and license numbers.)

What past experiences have you had that you feel would help you to be an effective volunteer?

Why do you want to volunteer and what do you expect to gain personally from this experience?

Exclusions to Excess Automobile Liability Insurance:

Contact Risk Management for a complete listing of the exclusions.

IV. Commonly asked questions:

- My personal vehicle was damaged in an accident while I was volunteering; will the County cover the deductible for the repairs?

No. The coverage is for liability claims only. There is no coverage for physical damage to the volunteer's car.

- Medicare says that my insurance should pay first. What should I do?

We can help! The coverage is specifically in excess over your own medical insurance, Medicare or otherwise. Call Risk Management at 909-955-3540 and we will assist you.

- I see that the policy provides excess protection if the volunteer causes bodily injury or property damage to someone else. What if there is an allegation of sexual misconduct or sexual abuse?

The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. As an example, the volunteer would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the personal liability policy. However, the policy would not defend or indemnify the volunteer if he/she admitted wrongdoing, or if the allegations against the volunteer are proven true.

- How do we file a claim?

For any type of claim, the volunteer first needs to report the incident to the department's volunteer coordinator. An accident "proof of loss" claim form must be submitted. Both the volunteer and the coordinator must complete the form and fax it to Risk Management. The department must keep a copy for its records and provide a copy to the volunteer. The volunteer must submit all bills to his/her own existing insurance first. Once you have a copy of the existing insurance "Explanation of Benefits" form(s), send it/them to Risk Management at the address shown on this brochure, along with a copy of the "proof of loss" form.

For a claim against the volunteer alleging that he/she caused bodily injury or property damage while volunteering, the volunteer should contact the department's volunteer coordinator immediately. Provide Risk Management with as much detail as possible regarding the incident and **obtain copies of any police reports**. The department will obtain a signed statement from the volunteer indicating that he/she was volunteering on behalf of the County of Riverside at the time of the incident.

Further questions?

Risk Management has copies of the policies along with additional information concerning the extent and the limitations of these policies.

Contact Risk Management at (909) 955-3540 for this information.



Risk Management Division

P.O. Box 1210
Riverside, CA 92502
PH: (951) 955-3540 • FAX: (951) 955-5855

**Volunteer
Insurance
Program**

COUNTY OF RIVERSIDE VOLUNTEER INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. Sometimes, the volunteer's own personal insurance is not enough to take care of the damage. The County of Riverside now offers three kinds of **Excess Volunteer Insurance Coverage** for all County departments that utilize volunteers.

SUMMARY OF COVERAGES

I. Excess Accident Medical Coverage

This coverage is in excess of Medicare, Medicaid and any other personal or group insurance that the volunteer has in place. The excess accident medical coverage will pay up to \$25,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while the volunteer is traveling directly to and from, and while they are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period up to the maximum following the accident.**

Other than X-rays, dental care is covered up to \$500 per tooth for accidental injury to teeth and/or repair of dentures. Maximum benefit is \$900 per accident. This coverage also

provides up to \$50 annually for repair or replacement of eyeglass frames and up to \$50 annually for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident. The maximum payment under this coverage, including dental and eyeglass expenses, is \$25,000 for 1 year.

This insurance does not duplicate benefits payable under Medicare or any other valid and collectible insurance coverage.

Accidental Death and Dismemberment Coverage:

In addition to the accident medical coverage, the insurance company will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident.

Exclusions to Accident Insurance:

Contact Risk Management for a complete listing of the exclusions.

II. Excess Volunteer Liability Insurance

All enrolled County volunteers (collectively) of the County are provided with Excess Volunteer Liability insurance to a limit of \$1,000,000 per occurrence (subject to an annual aggregate). This policy provides protection if the volunteer is liable for bodily injury or property damage arising out of the performance of his or her duties while at or on behalf of the County. **This coverage is in excess**

of and Noncontributing with any other valid and collectible insurance the volunteer may have.

III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for the enrolled County volunteer who is required to drive to perform his/her duties. This insurance applies only after a volunteer's own personal insurance is exhausted, **or the policy's retention has been exceeded.** Volunteers are protected for bodily injury or property damage claims arising out of their activities, (including driving directly between their home and the volunteer location.)

The liability policy is written on a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in excess of the greater of:

- A. \$50,000 each accident,
- B. an amount equal to the applicable limits of liability of any other collectible insurance, or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state of California.

It is important to remember that you as a volunteer must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any physical damage to your vehicle.



County of Riverside Human Resources
Volunteer Insurance Program
Volunteer Assignment Acknowledgment Form

Volunteers submit this form and direct any questions they may have about volunteering to the volunteer coordinator/program manager of the County Department/Agency in which they wish to volunteer. Volunteers may contact the Human Resources Department with questions about the Volunteer Insurance Program.

Department Instructions - The County Department/Agency must provide the Volunteer a copy of the Volunteer Insurance Program brochure. Once the Department and the Volunteer complete their respective sections of this form, the Department forwards a copy to the Human Resources Department's Talent Management Division, Mail Stop #1081. The Department also attaches a copy of the Volunteer's Volunteer Application. Incomplete forms will be returned to the Department's Volunteer Coordinator/Program Manager. Departments with questions about this form may contact William Marin at Talent Management at 951-955-3549 or at Volunteer@rc-hr.com or see Workforce Exchange.

SECTION 1 - COUNTY DEPARTMENT INFORMATION (The County department completes this section.)

County Department Name:	Department Division/Office/Program:	Date:
Volunteer's Name:	Volunteer Assignment Title or Description:	
Volunteer Coordinator/Program Manager's Name:	Coordinator/Manager's Phone:	Mail Stop #:

SECTION 2 - VOLUNTEER ACKNOWLEDGMENT (The Volunteer completes and signs this section.)

As a volunteer, I acknowledge, understand and agree to the following:

- A "volunteer" means a person who performs authorized voluntary service to County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/personnel information to which I have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. If my volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment-related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired driver's license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the County of Riverside.

- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.

I have also read and understand the information provided to me on the Volunteer Insurance Program. I understand the County of Riverside does not provide Workers' Compensation Insurance to volunteers.

I understand the County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:

- Willful, wanton acts.
- Abuse, sexual abuse, assault and battery.
- Acts/activities not within the course and scope of the volunteers' activities/responsibilities.

I also understand that if I have further questions regarding the Volunteer Insurance Program, I may contact the Human Resources Department's Risk Management Division at (951) 955-3540.

Additionally, I know that volunteers are to park their private vehicles in the Public Parking areas at all County Facilities and that the County of Riverside is not responsible for the payment of fines resulting from parking in County employee's parking spaces per the County of Riverside's Administrative Policy.

Volunteer Signature _____ Date _____

Volunteer Name Printed _____

Parent/Guardian Signature (for minor volunteers) _____ Date _____

Parent/Guardian Name Printed _____

Witness Signature _____ Date _____

Witness Signature Printed _____

SECTION 3 - VOLUNTEER EMERGENCY CONTACT INFORMATION (The Volunteer completes this section.)

Emergency Contact Name:	Relationship:
Home Telephone:	Work Telephone:
Street Address, City, State, and Zip Code	

Volunteer Insurance Program - Human Resources Risk Management - P.O. Box 1120, Riverside, CA 92502-1120 - (951) 955-3540
County Department Submits A Copy of this Form & the Application to: Human Resources Talent Management, Mail Stop # 1081

What are your hobbies, interests, clubs and organization involvement?

All volunteers are subject to a criminal background check.

Have you ever been convicted of a felony or misdemeanor? If yes, please explain below and provide date of offense, city and state, charge and sentence

A criminal conviction will not automatically disqualify your application. **You do not need to disclose:** 1). Any record regarding a referral to or participation in any pretrial or posttrial diversion program; 2). Any guilty plea where you have successfully completed a deferred entry of judgment program; 3). A conviction where the court has ordered the record sealed or expunged; 4). A conviction for a case that has been judicially dismissed under California Penal Code section 1203.4; or 5). A conviction for a marijuana-related offense that is more than two years old, as defined in California Health and Safety Code sections 11357 (b) or (c), or section 11360 (c), or sections 11364, 11365, or 11550 as they related to marijuana prior to January 1, 1976, or their statutory predecessors.

Are you currently on probation or parole? If yes, please explain:

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Do you have medical insurance? If yes, provide carrier name, policy number, and coverage period:

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The following questions only apply to Applicants whose volunteer service requires the use of their personal vehicle.

Has your drivers' license ever been suspended or revoked? If yes, please explain:

--

Are you minimally covered for auto liability insurance as required by the State of California? If yes, please provide a copy of your current auto insurance declaration page.

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[SIGNATURE REQUIRED ON NEXT PAGE]

By my signature below, I declare that all written information contained within this application is true. I understand that falsification of information is grounds for disqualification and/or immediate dismissal. I authorize investigation of all statements contained in this application and my support documents. I authorize the County and any of its agents to verify any information on this application and I authorize release of any such information. I hereby release the County from any liability arising from this investigation.

Applicant Signature

Date

Parent/Guardian Signature (for minor applicants)

Date

Parent/Guardian Name Printed



COUNTY OF RIVERSIDE HUMAN RESOURCES VOLUNTEER DECLARATION FORM

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Name (Last, First, M.I.):		Social Security Number:	Phone:
Address (Street/P.O. Box/City/Zip):		Volunteer Assignment Title:	
Driver's License Number (include class) & Expiration Date:			
Have you ever used another name or alias? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Name: _____			
CONVICTION RECORD			
Have you ever been convicted of any crime by any court, except as provided below? A conviction includes a plea, verdict, or other finding of guilt, anytime during your lifetime. However, you do not need to disclose any conviction that falls within one of the categories below. <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, provide on Page 2 the Date, Location, Charge, Type of Charge (Infraction/Misdemeanor/Felony), Sentence, and an Explanation. Give as much information as possible.			
You do not need to disclose: 1). Any record regarding a referral to or participation in any pretrial or posttrial diversion program; 2). Any guilty plea where you have successfully completed a deferred entry of judgment program; 3). A conviction where the court has ordered the record sealed or expunged; 4). A conviction for a case that has been judicially dismissed under California Penal Code section 1203.4; or 5). A conviction for a marijuana-related offense that is more than two years old, as defined in California Health and Safety Code sections 11357 (b) or (c), or section 11360 (c), or sections 11364, 11365, or 11550 as they related to marijuana prior to January 1, 1976, or their statutory predecessors.			
By my signature below, I declare that all information provided on this Volunteer Declaration Form and all documentation submitted to the County of Riverside is true and complete. I understand that falsification of information (including failure to disclose requested criminal convictions) is grounds for disqualification, or release. I authorize the County and any of its agents to verify any information related to my Volunteer Declaration Form and I authorize release of any such information. I release the County from any liability for seeking such information. I also understand that volunteers may be released at any time, with or without cause or reason, and without right of appeal.			
Signature: _____		Date: _____	



COUNTY OF RIVERSIDE HUMAN RESOURCES
VOLUNTEER DECLARATION FORM

Name (Last, First, M.I.):

CONVICTION DATE	LOCATION (CITY, COUNTY, STATE)	CHARGE (ALSO INDICATE WHETHER INFRACTION, MISDEMEANOR OR FELONY)	SENTENCE	EXPLANATION

YOU MAY ATTACH AN ADDITIONAL SHEET IF NECESSARY



**CALIFORNIA DEPARTMENT OF JUSTICE BACKGROUND CHECK,
DISCLOSURE, ACKNOWLEDGMENT, AND AUTHORIZATION
FOR VOLUNTEERS**

DISCLOSURE

You have submitted an application to volunteer with the County of Riverside. Please be aware that, as a condition of volunteering and part of the application process, the County will conduct a criminal records check through the California Department of Justice (DOJ) and, in some cases, the Federal Bureau of Investigation (FBI). The DOJ and FBI provide the County criminal record information that includes all felony, misdemeanor, and infraction convictions over your lifetime.

The purpose of seeking criminal record information is to evaluate your suitability for volunteering with the County of Riverside. A criminal conviction does not result in an automatic disqualification for volunteering and is considered only as it relates to the volunteer assignment in question.

Criminal record information obtained from the DOJ and FBI is not a public record or public information. The DOJ and FBI are NOT consumer reporting agencies under the federal Fair Credit Reporting Act or Investigative consumer reporting agencies under the California Investigative Consumer Reporting Agencies Act (Civil Code 1786.2 (d)).

For instructions on how to obtain your own copy of your DOJ criminal record, you may call the DOJ at (916) 227-3835 or visit the Attorney General's website at www.ag.ca.gov/fingerprints/security.php. For instructions on how to obtain your own copy of your FBI criminal record, visit the FBI's website at www.fbi.gov/about-us/cjis/background-checks.

ACKNOWLEDGMENT AND AUTHORIZATION

I understand and acknowledge that as a condition of volunteering for the County of Riverside, I must allow a criminal records check, including the submitting of fingerprints to the California Department of Justice (DOJ) and, in some cases, the Federal Bureau of Investigation (FBI), which will include obtaining information concerning felony, misdemeanor, and infraction convictions over my lifetime (if any). Accordingly, I authorize the County of Riverside to obtain such information so that I may volunteer.

I understand that a criminal conviction related to the volunteer assignment in question may result in my not being eligible to volunteer. I further understand that a criminal conviction does not result in an automatic disqualification for volunteer assignment and will be considered only as it relates to the volunteer assignment in question.

Signature: _____

Date: _____

Print Name: _____



**SCREENING ONE, INC. AND TALX CORPORATION BACKGROUND CHECK
DISCLOSURE, RELEASE, AND AUTHORIZATION
FOR VOLUNTEERS**

DISCLOSURE

You have submitted an application to volunteer with the County of Riverside. Please be aware that, as a condition of volunteering and part of the application process, a background investigation may be commenced and an investigative consumer report about you may be sought as part thereof. If a background investigation is obtained through an outside consumer reporting agency it will be performed in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA) and the California Investigative Consumer Reporting Agencies Act (ICRAA). Therefore, the County of Riverside may decide to obtain a consumer credit report and/or an investigative consumer report on you as an applicant or during the course of volunteering through Screening One, Inc. and/or TALX Corporation.

The purpose of seeking an investigative consumer report about you is to evaluate your suitability to volunteer with the County of Riverside.

1. The report consists of information deemed to have a bearing on volunteer assignment, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "Investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact the County of Riverside, Screening One, Inc. at (888) 327-6511, or at 2233 W. 190th Street, Torrance, CA 90504, or TALX Corporation at (800) 996-7566, or at 11432 Lackland Road, Saint Louis, MO 63146.
3. In using a report for volunteer purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c) (3).
4. **California Provisions:** In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: You have the right to inspect Screening One, Inc.'s or TALX Corporation's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individual shows proper identification and pays for any copying charges; the applicant may be accompanied by one other person who must show proper identification; and trained Screening One, Inc. or TALX Corporation personnel will explain any of the information in the report and will provide written explanation for any coded information.

5. California Provisions: You have the right to obtain information about Screening One, Inc.'s or TALX Corporation's privacy practices. You can obtain Screening, One Inc.'s privacy practices on their web site at www.screeningone.com, and you can find TALX Corporation's privacy practices on their web site at www.talx.com.

~~6. California Provisions: Prior to ordering a Credit Report, the County of Riverside must notify you and must identify the specific basis under subdivision (a) of Section 1024.5 of the Labor Code for use of the report.~~

~~— The report will include a Credit Report (i.e., a report that contains credit related information, such as credit history, credit score, or credit record) because the position is:~~

- ☐ A managerial position (as per Labor Code Sec. 1024.5).
- ☐ A position in the state Department of Justice.
- ☐ That of a sworn peace officer or other law enforcement position.
- ☐ A position for which the information contained in the report is by law to be disclosed or obtained.
- ☐ A position that involves regular access, for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person:
 - _____ (A) Bank or credit card information.
 - _____ (B) Social security number.
 - _____ (C) Date of birth.
- ☐ A position in which the person is, or will be, any of the following:
 - _____ (A) A named signatory on the bank or credit card account of the employer.
 - _____ (B) Authorized to transfer money on behalf of the employer.
 - _____ (C) Authorized to enter into financial contracts on behalf of the employer.
- ☐ A position that involves access to confidential or proprietary information, including a formula, pattern, compilation, program, device, method, technique, process or trade secret that (i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who may obtain economic value from the disclosure or use of the information, and (ii) is the subject of an effort that is reasonable under the circumstances to maintain secrecy of the information.
- ☐ A position that involves regular access to cash totaling ten thousand dollars (\$10,000) or more of the employer, a customer, or client, during the workday.

7. California, Minnesota, and Oklahoma Applicants Only:

I request a free copy of any Consumer Report, Investigative Report or Credit Report on me that is requested.

☐ YES ☐ NO (Please check one.)

I, _____, [Applicant] hereby consent and authorize Screening One, Inc. and TALX Corporation, on behalf of the County of Riverside, to prepare each report as defined above for volunteering purposes before volunteering or anytime after volunteering.

Signature: _____

Date: _____

Print Name: _____

RELEASE AND AUTHORIZATION TO PROCURE INVESTIGATIVE CONSUMER REPORT

I, _____, [Applicant] In connection with my application to volunteer at the County of Riverside, hereby authorize the County of Riverside and Screening One, Inc. and TALX Corporation to perform a pre-volunteer background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the County of Riverside as a sound business practice, but also for the benefit of all volunteers. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to the County of Riverside for volunteer assignment decisions only. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504. TALX Corporation may be contacted by writing to: TALX Corporation, 11432 Lackland Road, Saint Louis, MO 63146.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to the County of Riverside, Screening One, Inc., or TALX Corporation.
5. I further release all of the above, including the County of Riverside and Screening One, Inc. and TALX Corporation, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

May we contact your current employer?

☐ YES ☐ NO (Please check one.)

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF IDENTIFICATION ONLY. FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF AGE, RACE, CREED, RELIGION, SEX OR NATIONAL ORIGIN.

Signature: _____ Date: _____

Print Name (first, middle, last): _____

Former Names: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Email Address: _____

Please list all addresses where you have lived in the past 7 years including zip codes:

CURRENT - Street Address, City, State, and Zip Code

FORMER - Street Address, City, State, and Zip Code

FORMER - Street Address, City, State, and Zip Code

FORMER - Street Address, City, State, and Zip Code



Instructions: A legal guardian or parent must complete and sign this form for a minor applicant (anyone below the age of 18) for County employment or volunteerism so that the County may perform a Live Scan/Department of Justice background check. A witness must also sign the form. This form should then be attached to the minor applicant's Employment or Volunteer Declaration form and Background Check Disclosure, Release, and Authorization form.

Parental Consent to Perform Background Check for a Minor

I the undersigned, hereby consent to a background check, including the submitting of fingerprints to the California Department of Justice, as the County of Riverside may require, for the minor named below, an applicant for employment/volunteerism.

I further authorize the County of Riverside to release any criminal record information provided by the Department of Justice to the head of the County Department in which the named minor applicant is seeking employment/volunteerism if the record reveals pertinent or disqualifying information which must be considered before placement can be approved.

I further declare that I am the true legal parent or guardian of the named minor applicant, and that I have reviewed his/her attached Employment/Volunteer Declaration and Background Check Disclosure, Release and Authorization form.

Name of Minor Applicant (*print name*)

Name of Legal Parent or Guardian (*print name*)

Signature of Legal Parent or Guardian

Date

Name of Witness (*print name*)

Signature of Witness

Date