

INSTRUCTIONS FOR VOLUNTEERS AND INTERNS

DEFINITION: The Fair Labor Standards Act (FLSA) defines a volunteer as an individual who performs services for civic, charitable or humanitarian reasons for an organization without expectation of payment for the service.

FLSA: Under the FLSA, employees of the County may volunteer hours of service to the County as long as the service is not the same or closely-related type of service the employee normally performs in the course of his/her regular employment. A volunteer must not be coerced or pressured into volunteering services.

HR Policies and Procedures: Volunteers and Interns must abide by the HR Policies and Procedures. Section 4-8 describes DAC Volunteers. See also Sections 1-4 (Rights); 6-21(Driver Responsibilities); and 10-6 (Volunteer Firefighter grievance procedures).

1. **Volunteer completes the application and the background check authorization.**
 - A. All volunteers must complete a Volunteer/Intern packet; the packet includes an application and other forms/acknowledgements and is available on EI Sol.
 - B. This application form incorporates information from the formerly used Personal Information Sheet and Volunteer Waiver; therefore, these other forms are no longer needed.

2. **Volunteers younger than 18 must obtain parental consent** (as indicated on page 1 of the application)
 - A. Parent/guardian must sign page 3 of the application.
 - B. Volunteers <18 are not permitted to drive a county vehicle;
 - C. Volunteers <16, contact the appropriate HR Administrator (re: child labor concerns; work permit from school, etc.).

3. **Department Head approves the application.**
 - A. Dept. Head signs at the bottom of page 3.
 - B. Dept. Admin Asst or Secretary keeps the application in dept files; and forwards page 3 to HR.
 - C. For those volunteers performing office and administrative work, skip to step #5.

4. **Department submits the application and background check authorization form to HR for a background check**
 - A. Background processing time is approximately 1 week. These applicants may not begin work until HR notifies the department

5. **Volunteer must attend a bi-weekly orientation/safety training; or view volunteer orientation DVD.**
 - A. HR notifies the department that clearance received for volunteer to begin work.
 - B. Have volunteer/intern sign a volunteer orientation acknowledgement of training form.
 - C. Have volunteer/intern read and acknowledge Code of Conduct ; Annual Disclosure Statement; and HR policy revisions (in English and Spanish).
 - D. HR issues volunteer a photo ID Badge.

6. **End of Volunteer/Intern service.**
 - A. Dept. downloads, from EI Sol, and completes Employment Separation Checklist.
 - B. Dept. collects ID Badge and sends it to HR for destruction.
 - B. Dept. retains volunteer departmental file for remainder of fiscal year.



VOLUNTEER/INTERN APPLICATION

Doña Ana County
845 N. Motel Blvd
Las Cruces, NM 88007
575.674.7200

THIS APPLICATION IS PUBLIC RECORD

WHAT TYPE OF VOLUNTEER SERVICE/INTERNSHIP ARE YOU APPLYING FOR:	<input type="text"/>
WHICH DEPARTMENT:	<input type="text"/>

Personal Information			
FIRST NAME: <input type="text"/>	MI: <input type="text"/>	LAST NAME: <input type="text"/>	
ADDRESS: <input type="text"/>	CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP: <input type="text"/>
TELEPHONE: (<input type="text"/>) - <input type="text"/> - <input type="text"/>	CELL PHONE: (<input type="text"/>) - <input type="text"/> - <input type="text"/>		
Hours of Availability: <input type="text"/>	E-mail Address: <input type="text"/>		

Are you 18 years of age or older? Yes No If no, parent or guardian must sign page 2.

If you have any relatives including spouse, parent, child, step-child, sibling, in-law, aunt, uncle, niece, nephew, cousin, grandparent, grandchild, member of a household or domestic partner working or volunteering for the County, provide the name of the employee/relative and your relationship. If not, indicate n/a.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Do you have a valid unrestricted Driver's License? Yes No

Are you bilingual? Yes No If yes, specify Language(s)

Doña Ana County is an Equal Opportunity Provider; all qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

<i>Education</i>			
High School	Location	Years Completed	Date Diploma received/expected
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
College or Vocational School	Location	Years Completed	Date Degree received/expected
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Special Skills or Training: <input style="width: 95%;" type="text"/>			

<i>Employment, Volunteer Service or Internships (start with present or most current)</i>			
1	COMPANY NAME: <input style="width: 95%;" type="text"/>	FROM (MO/YR) <input style="width: 95%;" type="text"/>	TO (MO/YR) <input style="width: 95%;" type="text"/>
ADDRESS: <input style="width: 95%;" type="text"/>		CITY: <input style="width: 95%;" type="text"/>	STATE: <input style="width: 95%;" type="text"/>
NAME & TITLE OF SUPERVISOR <input style="width: 95%;" type="text"/>		TELEPHONE # (<input style="width: 20px;" type="text"/>)--(<input style="width: 20px;" type="text"/>)-- <input style="width: 20px;" type="text"/>	
TITLE: <input style="width: 95%;" type="text"/>			
DESCRIBE WORK DUTIES: <input style="width: 95%;" type="text"/>			

2	COMPANY NAME: <input style="width: 95%;" type="text"/>	FROM (MO/YR) <input style="width: 95%;" type="text"/>	TO (MO/YR) <input style="width: 95%;" type="text"/>
ADDRESS: <input style="width: 95%;" type="text"/>		CITY: <input style="width: 95%;" type="text"/>	STATE: <input style="width: 95%;" type="text" value="nm"/>
NAME & TITLE OF SUPERVISOR: <input style="width: 95%;" type="text"/>		TELEPHONE # (<input style="width: 20px;" type="text"/>)--(<input style="width: 20px;" type="text"/>)-- <input style="width: 20px;" type="text"/>	
TITLE: <input style="width: 95%;" type="text"/>			
DESCRIBE WORK DUTIES: <input style="width: 95%;" type="text"/>			

(continued)

Attach supplemental sheets, if necessary

<i>Personal References (do not list family members)</i>			
NAME	YEARS KNOWN	TELEPHONE	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Person to Notify Incase of an Emergency</i>			
NAME	RELATIONSHIP	TELEPHONE	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VOLUNTEER/INTERN CERTIFICATION

Name: <input style="width: 90%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>
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IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Certification and Release of Information

I authorize Doña Ana County, or its duly accredited representative, to obtain any information relating to my activities from individuals, schools, employers, criminal justice agencies, or consumer reporting agencies. This information may include, but is not limited to my academic, achievement, performance, attendance, discipline, and criminal history record and conviction as each may pertain to the volunteer/intern position I have applied for. I authorize Doña Ana County to investigate all statements contained in this application as may be necessary in arriving at a decision on my status as a volunteer/intern. A copy of this release shall have the same effect as the original. *My Signature, below, releases all of the above, including the county, its agents and former employers, to the fullest extent permitted by law from claims, damages, losses, liabilities, and expenses, including but not limited to, attorney fees and court costs, arising from retrieving and reporting any such information. I certify that answers given herein are true and correct to the best of my knowledge. I understand that any false, incomplete, and misleading information given in my application or interview(s) may result in my not being selected as a volunteer or intern, or in my dismissal as a volunteer or intern.*

Benefits and Release of Liability

I understand that I am required to abide by all rules, policies and procedures of Doña Ana County. I acknowledge that there is no remuneration for my services rendered as a volunteer or unpaid intern. With the exception of volunteer firefighters (who may be eligible for limited retirement credit), there are no benefits associated with my volunteer service or internship with the county. Further, I acknowledge that I will perform the duties of a volunteer or intern at my own risk, with full knowledge and understanding that I am not eligible for worker's compensation in the event of an injury. *My signature, below, acknowledges my understanding that I am not entitled to pay or benefits for my volunteer service or internship with the county; and that I will hold Dona Ana County harmless from any claim for damages, injuries, or other losses that may arise during the course of my volunteer service or internship.*

Signature of Applicant:	Date:

Parental Permission (if applicant is under 18 years of age)

I, (print name of parent or guardian), agree that my child,
 (print name of minor), may participate in the Dona Ana County volunteer/intern program. I have read and understood all the volunteer/intern information provided.

Signature of Parent or Guardian:	Date:

Approved: (Signature of Department Head)	Date:

Instructions For Completing the SSA-89 Form

Complete the top of the form by Printing Name, DOB, Social Security Number (double check for accuracy)

Make sure "To apply for a job" is marked in the reason for authorizing the consent section

DO NOT remove/change the Company or Agent Section

Hand sign the form with an ink pen – the Social Security Administration (SSA) does not accept electronically signed forms, which includes: typed, digitally signed, signed with a stylus.

Date the form.

When scanning, taking a picture, and uploading the form, make sure that the complete form is showing. This Includes the Form Name, OMB No0960-0760 at the top and "Tear Off – Notice to Number Holder" section at the bottom.

If any of the information is missing the form will be rejected and a new form will be required.

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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Reason for authorizing consent: (Please select one)

- | | | |
|---|--|--|
| <input type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input checked="" type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: Justifacts Credential Verification, Inc.

Company Address: 5250 Logan Ferry Rd., Murrysville, PA 15668

The name and address of the Company's Agent (if applicable):

Agent's Name: Accio Data

Agent's Address: P.O. Box 787, Dripping Springs, TX 78620

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
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Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. .

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Member Enrollment for Volunteer Firefighters

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2021 via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

Information About the Volunteer Firefighter (VF)

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Phone Number	Would you like direct correspondence by E-mail? If so, include E-mail Address
Mailing Address		City	State
Date of Birth		City of Birth	State of Birth
Marital Status: <input type="checkbox"/> Never Married		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Divorced	
Have you ever been a PERA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

Spouse's Name	Spouse's SSN	Spouse's Date of Birth
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Section 3

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

Signature of VF Member	Date
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Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

Name of Volunteer Fire Department (VFD)	PERA VFD Number	Start Date (mm/dd/ccyy)
VFD Email Address	VFD Phone Number	
VFD Chief's Printed Name		

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

Signature of VFD Chief	Date
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