

Sclar - Volunteer Information Form

Name: _____

All our volunteers must qualify as a Registered Disaster Service Worker (DSW) through the El Dorado County Sheriff's office. Volunteer status is contingent on El Dorado County Sheriff's Office approval and pass a Live Scan.

Physical Address: _____

Driving Instructions: Nearest X Street: _____

Mailing Address: _____

Telephone Numbers: Home: _____ Work: _____ Spouse Work: _____

Cell: _____ Other: _____ FCC License? _____ Call Sign? _____

*e-mail: _____ Web Site URL: _____

**Please be sure to include your e-mail; this is our primary method of communication.*

In case of Emergency contact: _____

Area your work is located: (i.e., Shingle Springs, Sacramento) _____

Medical Insurance Carrier: _____ Policy No.: _____ Physician: _____

Phone: _____ Any Health Issues? _____

Drivers License #: _____ Expiration Date: _____ Any license restrictions? _____

Your Age: _____ **You must be at least 18 years of age to be a Sclar volunteer**

Have you had any N.I.M.S. or I.C.S. training? _____ If yes: _____

Vehicle information: Registered Owner: _____

Truck Size (or indicate if personal auto)	2WD	4WD	Hitch Connection	5thWheel	Gooseneck	Seating Capacity
TRAILER Step Up	Ramp	# of Horses	Bumper Pull	5 th Wheel	Gooseneck	Style (i.e., stock, enclosed)

Do you have a camper *shell* on your truck? _____

The information you provide here is important because we use it to build our resource list and in the event of an emergency, we would depend on this resource information.

Please complete and return to: SCLAR Large Animal Emergency Evacuation

PO Box 1778 – Diamond Springs CA 95619

Web Site: www.sclar.org or e-mail us: info@sclar.org

X _____
Your Signature Date

Your Name, Printed: _____

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

Sclar Large Animal Emergency Evacuation

1. I, _____ agree to work for Sclar Large Animal Emergency Evacuation as a volunteer on disaster response, fund raising, special functions, trainings and drills.
2. As a volunteer, I understand that I control the dates and times when I do the work and that Sclar Large Animal Emergency Evacuation is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, sitting, driving, navigating, radio operation, lifting up to 50 pounds, handling animals including the loading and unloading into vehicles and/or trailers, extended periods of activity during an actual disaster, cleaning stalls/animal enclosures and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Sclar Large Animal Emergency Evacuation, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Sclar Large Animal Emergency Evacuation or its employees, agents, volunteers or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, volunteers or contractors of Sclar Large Animal Emergency Evacuation as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE Sclar Large Animal Emergency Evacuation AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN OPERATIONS.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF OPERATIONS, I AM NOT COVERED BY Sclar Large Animal Emergency Evacuation's WORKERS' COMPENSATION PROGRAM. I authorize Sclar Large Animal Emergency Evacuation to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Sclar Large Animal Emergency Evacuation are and remain the property of Sclar Large Animal Emergency Evacuation, and I agree to return these tools and any remaining materials to Sclar Large Animal Emergency Evacuation at the end of my volunteer service.
7. I understand and agree that all information on volunteers, disaster victims, any information obtained during the course of disaster operations is to be held in strict confidence.

Exemplary behavior from all volunteers is expected at all times. The command structure is to be respected and neither usurped nor ignored at any time. The Sclar Team Leader currently on duty is the ultimate decision-maker for all situations within the Sclar animal response program on-site. (The Sclar Team Leader reports to Animal Services, and/or Command Staff at the IC). If a duty schedule is in force, you may be sent home if you are working outside your assigned time slot or work position. Fatigue clouds judgment, shortens tempers and affects your quality of work on subsequent shifts. Any confrontational behavior, evidence of illegal drug use, alcohol consumption, inappropriate smoking, willful failure to follow instructions, interference with the work of others or evidence of theft may incur reassignments, surrender of identification card(s); relief of duty for a period of time or **immediate termination**. Any other obviously inappropriate behavior will be handled similarly

8. I understand and agree to the following membership criteria:

- a. I will obtain and maintain my Registered Disaster Service Worker (DSW) status as required by El Dorado County Sheriff's Office.
- b. I have completed IS 100.b and will provide my certificate of completion to Sclar
- c. I will complete the LiveScan process as required by EDSO and Animal Services protocols.
- d. Non response or inactivity may result in termination of my "active" volunteer status.
- e. Violation of protocols (attached) may result in immediate termination of volunteer status.
- f. I am over the age of 18

9. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date	Volunteer Signature
	Printed Name
Date	Sclar Large Animal Emergency Evacuation Representative Signature
	Printed Name

Sclar Operational & Behavioral Protocols

- Chain of Command: Any issues should be reported to the Sclar Team Leader ONLY. In an emergency, taking it upon yourself to escalate to PIO, OES or AS is unacceptable as it clogs upper levels of command. *Jumping chain of command is grounds for immediate dismissal and termination of membership.*
- Media: In the presence of any media, any information shared among Sclar members and/or with leadership must be kept confidential at all times. ANY and ALL information – including but not limited to deployments, animals, owners, duties and evacuations, need to come from Sclar command, Animal Services and/or County PIO. There are NO exceptions.
- Keep all exchanges professional. Argumentative or rude behavior will be grounds for immediate relief of duty and/or subsequent termination of your affiliation with Sclar .
- Search and Rescue is our sister organization and is NOT subordinate to Sclar. They are deployed for tasks as assigned by EDSO and deserve our full respect and consideration at all times. We must work together and in a harmonious fashion.
- Sclar command often has several items awaiting his/her attention. If you have a pressing issue, unless it is a situation that might endanger a person or animal, please write it down and discuss with Shift Team Lead when they have a moment. Hovering is very distracting.
- SCHEDULING: If you have agreed to work, show up for your shift on time and ready to work. Please make yourself as available as possible in an emergency.
- Do NOT delegate assignments. If you are asked to do a task, be sure to complete it yourself. Do the assignment as assigned. If you have suggestions for other ways it can be done please write it down and discuss in a non-emergency setting.
- **When assigned an errand**, you may be asked to wait while details are completed before you are deployed. STAND BY without interrupting
- LOGISTICS: Needed or necessary supplies to be requested from the shift Team Lead.
- Incident reports: Report all incidents involving animals, owners, other volunteers, media personnel or non-DSW people to Sclar Team Lead.
- Break Area : The sign-in area needs to be kept at a professional level so that phone conversations can be heard and attention can be focused on keeping the animals and personal information secure. Take any animated conversations to the break area.
- Personal calls: Take personal calls off speaker phone and/or in the break area.
- While you are wearing Sclar T-Shirt or ID, you are representing Sclar. Do not function in any other capacity while wearing Sclar identification or T-Shirt or while you are signed in as a Sclar volunteer.
- No Pets, No Family, No Children, No friends. No Exceptions. Please discuss with your family and friends ahead of time if necessary.
- Photos: It is OK to take pictures of the animals, but it is *your* responsibility to be certain that NO personal or identifying information is included in your photos. No exceptions.
- **Social Media:** Please be prudent in any postings. You may NOT post: Photos of animals or people; confidential information, including names, addresses; or disaster conditions. No photos of any Sclar posting boards, log books, information sheets, etc. All Sclar information is to be held personal and confidential. **It is not public information.**
 - You may not post on behalf of Sclar without clearance from the Board and/or Animal Services and/or the County PIO
- **Identification** – Be prepared to show valid identification, including driver's license and insurance if operating a vehicle.

I have read the above, understand, accept and agree to adhere to these conditions

Signature

Date

Name Printed: _____

Background Checks and Sclar Volunteer Requirements

SCLAR VOLUNTEER REQUIREMENTS:

- A. Complete and sign as needed: Sclar Volunteer Agreement/Hold Harmless; Volunteer Information Form and Sclar Operational Protocol
- B. **Complete the FEMA Incident Command System (ICS) 100.** The retention of these documents is the responsibility of each volunteer, to be provided upon request to Sclar if needed for verification purposes. While Sclar will endeavor to keep track of these documents, volunteers are ultimately responsible. **This must be submitted with the volunteer application. We will not begin to process a volunteer without a copy of the ICS 100 certificate.**
- C. Go through the requisite background check as prescribed. Once we receive your volunteer Agreement, etc., and the ICS 100, we will request scheduling of the LiveScan.
- D. Get sworn in as a Registered Disaster Service Worker [DSW]. We will facilitate this process.
- E. Be active in the group. Lack of participation will result in "inactive" volunteer status.

BACKGROUND CHECKS / LIVESCAN

1. Volunteer (you) completes Animal Services (A.S.) Volunteer Application. (Provided by Sclar)
2. Volunteer submits the completed application to Sclar who delivers to Animal Services (A.S.) who submits the names of eligible volunteer (you) to Health Human Services Agency (H.H.S.A.)
3. H.H.S.A. *contacts the volunteer via e-mail* to discuss Live Scan and provide volunteer (your) name to Sherriff's Office (S.O.) to put your name on the list for scheduling the Live Scan, which includes fingerprinting along with required forms:
 - a. They will send you a *Prior Criminal Conviction Declaration* form to complete, sign and return to the H.H.S.A. contact
 - b. And a *Request for LiveScan* form which you will complete and take two (2) copies to the agency performing the Live-Scan – probably the S.O.
4. Volunteer contacts appropriate agency to **schedule** Live Scan (530) 621-5702. *Do not call and schedule until you have been contacted by H.H.S.A.*
5. Volunteer gets their Live Scan at location directed by HHSA
6. S.O. gives 2 copies of Live Scan execution confirmation to volunteer
7. Volunteer **mails** 1 copy of the Live Scan execution to H.H.S.A., **retains** the other.
8. Within a couple of weeks typically, H.H.S.A. gets the Live Scan results and sends the information to Animal Services
9. H.H.S.A. and /or A.S. ultimately makes eligibility determination and will contact Sclar with individual eligibility
10. Sclar will update your volunteer status and advise you of the process completion. Once this has all been completed, the volunteer will be added to our active volunteer base.



County of El Dorado

Department of Human Resources – Risk Management Division

www.edcgov.us

330 Fair Lane, Placerville, CA 95667

Phone: 530.621.5565 Fax: 530.642.9815 TDD: 530.621.4693

VOLUNTEER SAFETY ORIENTATION CHECKLIST

This form is to be completed by the supervisor of a new or reassigned* volunteer and returned to the Department of Human Resources-Risk Management Division at riskmanagement@edcgov.us

Name: _____ Position: _____

Department: _____ Initial Date of Assignment: _____

Safety Items

Completed

- County Injury Illness and Prevention Program (IIPP)
- Department IIPP and Code of Safe Work Practices
 - Employee safety responsibilities and General Safety Rules
- Procedures for reporting work-related incidents
- Safety communication procedures; i.e. department safety coordinator, safety meetings, bulletin boards, incident forms
- Site-specific Emergency Action Plan (evacuation, First Aid kits, AED's, fire extinguishers, emergency phone numbers)

Target Solutions Computer-Based Training (*Scheduled through Human Resources*)**

Completed

Not Applicable

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | General Office Ergonomics (> 50% of work day at a desk) |
| <input type="checkbox"/> | <input type="checkbox"/> | Anti-Harassment Awareness (<i>Must be completed within in 30 calendar days or the first 100 hours worked.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Workplace Violence |
| <input type="checkbox"/> | <input type="checkbox"/> | Driving Safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Injury Illness Prevention Policy |

*Volunteers reassigned to different departments must complete the Safety Items only.

**Always required unless a volunteer is serving in an assignment for less than 30 days. Training must be completed within 30 calendar days unless otherwise specified above.

Additional Training Unique to Department (*Scheduled through Safety Department Coordinators*)

Please specify: _____

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



COUNTY OF EL DORADO VOLUNTEER APPLICATION

Complete the application in its entirety and return it to the department in which you are interested in volunteering.

Applicant Information (PLEASE PRINT):

Applicant Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		
Driver's License <i>(Select One)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide your Driver's License Number:

Parent/Guardian Information – for applicants under the age of 18 (PLEASE PRINT):

Parent/Guardian Name:		
	Last, First, MI	
Address:		
City, State, Zip Code:		
Main Phone Number: <i>(Include area code)</i>		
Alternate Phone Number: <i>(Include area code)</i>		
Email Address:		

Please provide the times you are available to volunteer each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



COUNTY OF EL DORADO VOLUNTEER APPLICATION

Reference #1

Name		Title/Relationship	
Address			
Phone Number		Email Address	

Reference #2

Name		Title/Relationship	
Address			
Phone Number		Email Address	

Certification:

By signing below, I certify that, to the best of my knowledge, the information contained in this application is true and correct.

(Applicant Signature) (Date)

If under 18 years of age, signature of a parent/guardian is required.

(Parent/Legal Guardian Signature) (Date)

Note: Completion of this application does not guarantee acceptance to the program.



**COUNTY OF EL DORADO
VOLUNTEER APPLICATION**

Desired Volunteer/Assignment:

Solar

Current/Past Employer or Volunteer Experience

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: (Include area code)	

Name of Organization/Business:	
Your Title/Role:	
Dates of Employment/Volunteer:	
Address:	
City, State, Zip Code:	
Supervisor Name:	
Supervisor Phone Number: (Include area code)	

Do you have any health limitations that may restrict your performance of assigned duties? (Select One) YES NO

If yes, please provide the specific limitations:

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**COUNTY OF EL DORADO
VOLUNTEER AGREEMENT AND RELEASE**

I have carefully read this agreement and fully understand its contents. I am fully aware that this is a partial release of liability as well as a contract between myself and the County of El Dorado, and sign it of my own free will.

Signature: _____ Date: _____
(Volunteer)

Signature: _____ Date: _____
(Parent/Legal Guardian)

Signature: _____ Date: _____
(Department Head or Designee)

EMERGENCY CONTACT INFORMATION

Person to Notify in the Event of an Emergency	
Name	
Relationship	
Emergency Phone Number	
Address	
City, State, Zip Code	



COUNTY OF EL DORADO VOLUNTEER AGREEMENT AND RELEASE

I, _____, have voluntarily applied to provide volunteer services for the County of El Dorado (County). I, the volunteer (or the volunteer's parent/legal guardian, on the volunteer's behalf), agree to the following:

VOLUNTEER: I understand and acknowledge that I am engaging in this activity as a volunteer and not as an employee, official, officer, or representative of the County. I further acknowledge that I am not entitled to any compensation, benefit, or insurance coverage from the County, or any event promoter, sponsor, or organizer. I understand and acknowledge that the County can terminate my status as a volunteer for the County at any time for any reason.

CONFIDENTIALITY: In the course of my volunteer service, I may learn of, be told, or be asked to relay information of a private, confidential, or privileged nature. I will not, under any circumstance, during or after my volunteer service, disclose private, confidential or privileged information unless explicitly directed by the designated supervisor with express authority to give such direction. I agree not to take or post any photos of a sensitive and/or private matter for personal use or for sharing on social media without express permission from the designated supervisor.

PHOTOS/PUBLICITY:

I agree to allow my image or "likeness" to be used in published materials and websites that promote the County's Volunteer Programs. I grant the County all right, title, and interest in any and all photographic images, video, or audio recordings and other replications or documentation of my person or voice made by the County during my volunteer service with the County, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I do not agree to allow my image or "likeness" to be used in published materials and websites that promote the County's Volunteer Programs.

COUNTY POLICIES, TRAINING, AND FORMS: For volunteer assignments lasting 30 calendar days or more, I have received the "Volunteer Resources and Required Training/Forms" document, and agree to read all applicable policies, complete all required training, and complete and submit all required forms as determined by the department head or designee and the Department of Human Resources.

CONFIDENTIAL

Emergency Notification

Please provide the following emergency information.
It will be retained in your Personnel records and used only in the event of an emergency.

Volunteer Contact Information	
Name:	
Home Phone:	
Cell Phone:	
Other Phone:	
Email Address:	

Person to Notify in the Event of an Emergency		
Name:	Emer. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Address:		
City:	State:	Zip:
Relationship:		

Alternate Contact (Optional)		
Name:	Emer. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Address:		
City:	State:	Zip:
Relationship:		

Signature _____ Date _____

**PLEASE BE SURE TO NOTIFY YOUR SUPERVISOR AND HUMAN RESOURCES
IF ANY OF THIS INFORMATION CHANGES**