

# KANE COUNTY VOLUNTEER/INTERN APPLICATION

Human Resources Management

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First Name _____	Last Name _____	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address _____		City & Zip Code _____
Best phone number to reach you: _____		E-mail address _____
Do you currently attend an Institution of Higher Education? If so, please name that institution? Please name institution Internship Coordinator. _____		
How many hours of college level credits do you have from this institution? _____		How many credit hours are you currently attempting? _____
_____ Major Area of Study _____		Are you on academic probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Honors, awards or certifications you received from this institution _____		
What kind of volunteer experience are you seeking: (check all that apply): <input type="checkbox"/> Any time <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only		
Total hours Availability: _____ <input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> AM & PM		Availability: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
Languages spoken fluently: <input type="checkbox"/> Spanish Others _____		
Please check all areas of civic, charitable or humanitarian interest: <input type="checkbox"/> Animal Control <input type="checkbox"/> Building and Grounds <input type="checkbox"/> County Board		
<input type="checkbox"/> Development <input type="checkbox"/> Environmental Management <input type="checkbox"/> Finance <input type="checkbox"/> Public Health* <input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technologies		
<input type="checkbox"/> Purchasing <input type="checkbox"/> Transportation		*If checked Public Health, please indicate which area: Administration/Policy <input type="checkbox"/> Disease Prevention <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Environmental Health <input type="checkbox"/> Epidemiology <input type="checkbox"/> Health Education <input type="checkbox"/> Nursing <input type="checkbox"/> Other <input type="checkbox"/> _____
<input type="checkbox"/> Other (please specify): _____		

Tell us what functions of County government are you most interested in learning about and why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any paid or unpaid work experience (including volunteering and internships) that you have previously completed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about the Kane County Volunteer/Internship Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Kane County and the elected and appointed officials are Equal Opportunity Employers. Kane County and the elected and appointed officials do not discriminate in the placement of individuals into volunteer or internships. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for placement into a volunteer or internship on a basis prohibited by local, state or federal law.*

**READ CAREFULLY BEFORE SIGNING**

Certification of Application Information and Authorization to Obtain Information

I certify that the information provided on this application is true and correct, and that no attempt has been made to conceal pertinent information. I acknowledge that I may be required to provide verification of information provided on this application. I acknowledge that I will not be placed into a volunteer or an internship position until a criminal history check has been completed and evaluated. I give County of Kane and the relevant elected or appointed officials the right and authorization to investigate and secure additional information about me from federal, state and other agencies that maintain records concerning my criminal history. I authorize without reservation any party or agency contacted by County of Kane or a relevant elected or appointed official to furnish the above-mentioned information. I further authorize on-going procurement of the above-mentioned information at any time, either during the time my application for a volunteer opportunity or internship is being considered or throughout the duration of my volunteer or internship in the event that I am placed. I hereby release and hold harmless County of Kane, the relevant elected or appointed official and their respective representatives and agents from any and all liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

Every volunteer or intern who will drive a county vehicle or their own vehicle for county business during their volunteer opportunity or internship with County of Kane is required to submit driver's license information and proof of insurance. County of Kane will use this information to obtain an abstract of my driving history from the Illinois Secretary of State or division of motor vehicles from any other state. A poor driving history may affect my ability to drive a County of Kane vehicle or my own personal vehicle on authorized County of Kane business.

By completing and submitting this application, I understand and agree any misstatement or omission of fact contained in this application will result in the immediate withdrawal of this application for consideration for placement into a volunteer opportunity or internship position, or, in the event of my placement with County of Kane or an elected or appointed officials' office, shall be considered sufficient cause for immediate discharge. I further understand and agree that if I decline to complete the criminal history record, including submission of an appropriate fingerprint sample, or to provide any required consent for a criminal history check, my application will be treated as immediately withdrawn, and I will not be further considered.

In consideration of my placement into a volunteer experience or internship position, I agree to conform to the rules and regulations, as amended from time to time, of County of Kane or of the elected or appointed official, as applicable.

I understand and acknowledge that my services are offered voluntarily, freely and without pressure or coercion by any authorized representative of Kane County. I understand and acknowledge that I will not receive any compensation (wages or benefits) for the services I perform for Kane County unless I am explicitly informed in writing that I will receive compensation.

Liability

I understand that the County of Kane does not assume any responsibility or obligation to provide financial or other assistance, which is not covered by Kane County's liability insurance policies. Such assistance includes but is not limited to, medical, health, or disability benefits resulting from injury, illness, death or property damage that may arise from my participation in the County of Kane Volunteer/Internship Program and/or any project, activity, or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the County of Kane.

Assumption of Risk

I understand that my participation with the County of Kane and/or any project, activity, or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the County of Kane may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and have voluntarily applied to participate and release the County of Kane, its directors, officer, employees, agents, successors and assigns from all liability for injury, illness, death and/or property damage that may result. This risk of assumption is binding on my heirs and assigns.

I understand that this document shall be governed and interpreted in accordance with the laws of the State of Illinois.

I acknowledge that I have read and understand all statements contained in this application as evidenced by my signature below.

Signature \_\_\_\_\_ Date \_\_\_\_\_