



*Sedgwick County...  
working for you*

## Department of Public Services

934 N. Water, Wichita, KS 67203 - [www.sedgwickcounty.org](http://www.sedgwickcounty.org) - TEL: 316-660-7674 - FAX: 316-660-7510

**Timothy V. Kaufman**  
Assistant County Manager

### Volunteer Application

Application Date \_\_\_\_\_

Location  COMCARE  CDDO  Health  Aging  Community Crisis Center  
(Please mark which Department/Program you are interested in volunteering for)

Please list the volunteer position number(s) that you are interested in. This information can be found on [www.sedgwickcounty.org/health-and-human-services/volunteer-opportunities/](http://www.sedgwickcounty.org/health-and-human-services/volunteer-opportunities/)

\_\_\_\_\_

#### Personal Information

Name \_\_\_\_\_ Are you at least 18 years of age?

Home Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Name

Phone Number

#### Employment Information

Current / Previous Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone/Email \_\_\_\_\_

Please describe prior volunteer experience (include organization names)

\_\_\_\_\_

\_\_\_\_\_

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What experience do you have that may prepare you to work as a volunteer in the field in which you are interested?

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**References:** Please list three people (non-relative) who know you well and can attest to your character, skills and dependability.

Reference Name	Relationship	Phone	Email	# of years known

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION**

By signing below, I understand and agree to the following:

1. I will not receive any compensation for any volunteer service that I perform for Sedgwick County and recognize that volunteers are NOT considered Sedgwick County employees. Sedgwick County does extend applicable protections of the Kansas Tort Claims Act and applicable benefits under the Kansas workers compensation act to approved volunteers. I understand that volunteer service is not creditable for leave accrual or any other Sedgwick County employee benefits.
2. Either Sedgwick County or I may terminate this agreement at any time by notifying the other party.
3. My volunteer position may require a reference check, background investigation, and/or a criminal history inquiry prior to me performing my duties. I hereby consent to such check and/or verification.
4. All publications, films, slides, videos, artistic or other similar endeavors and/or intellectual property resulting from my volunteer services will become the property of Sedgwick County and, as such, will be in the public domain and not subject to copyright laws.
5. I am not less than 18 years of age and a citizen of the United States of America.
6. If I sustain an injury in the scope of performing assigned volunteer duties, I will immediately report this to the volunteer program supervisor and the County Risk Management Office. If the

injury qualifies for workers compensation benefits, Sedgwick County will authorize appropriate medical treatment by County-authorized healthcare providers. The Sedgwick County Risk Management Office can be reached at 316-660-9684. A workers compensation benefit shall not be provided for injury sustained in transit to the volunteer site or after the volunteer duties are completed each day.

7. The Sedgwick County Risk Manager will assess the need for health requirements of volunteers on an ongoing basis.
8. Sedgwick County retains the right to require certain certificates of health for volunteers. In the event of an outbreak of a communicable disease such as tuberculosis, or at the recommendation of state or local health officials, it may be required that any volunteer who comes in regular contact with Sedgwick County staff or the general public submit documentation that certifies that he or she is free of certain diseases.
9. If necessary for my volunteer duties, proof of current professional licensure or certification shall be required before I am allowed to volunteer. I understand and acknowledge that such professional licensure or certification is subject to independent verification by Sedgwick County staff.
10. While volunteering on behalf of Sedgwick County, I shall abide by all Sedgwick County policies, including, but not limited to those dealing with the following: sexual harassment, discrimination, violence in the workplace, and drug testing/substance abuse.
11. Sedgwick County has my permission to contact my employer (if needed).

I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer placement to be terminated. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that Sedgwick County Government and/or partnering agencies, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date