



HORRY COUNTY VOLUNTEER APPLICATION

ALL VOLUNTEERS APPLICATIONS MUST BE FORWARDED FOR PROCESSING TO: HORRY COUNTY HUMAN RESOURCES, 1301 2ND AVENUE, CONWAY, SC 29526.

QUESTIONS: CALL HUMAN RESOURCES AT 843-915-5230 or Email humanresources@horrycountysc.gov

VOLUNTEER POSITION APPLIED FOR _____

DEPARTMENT _____

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY OR TOWN

STATE _____ ZIP CODE _____

PHONE NUMBER(S) HOME _____ CELL _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ARE YOU A CURRENT HORRY COUNTY EMPLOYEE? YES _____ NO _____
IF YES: EMPLOYEE NUMBER _____ DEPARTMENT _____

IF YOU WORKED OR VOLUNTEERED FOR HORRY COUNTY IN THE PAST, PLEASE INDICATE WHETHER YOU WERE AN EMPLOYEE OR VOLUNTEER, THE DEPARTMENT AND POSITION.

EMPLOYEE OR VOLUNTEER (CIRCLE ONE)
DEPARTMENT _____ POSITION _____

EDUCATION HISTORY

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A G.E.D.?
HIGH SCHOOL _____ DATE GRADUATED _____

HAVE YOU ATTENDED ANY POST HIGH SCHOOL EDUCATION?
NAME OF COLLEGE OR INSTITUTE _____
DATES ATTENDED _____
DEGREE OBTAINED _____

DO YOU HAVE ANY POST GRADUATE EDUCATION?
NAME OF COLLEGE OR INSTITUTE _____
DATES ATTENDED _____
DEGREE OBTAIN _____

WORK EXPERIENCE

NAME OF ORGANIZATION _____
JOB TITLE _____
LENGTH OF SERVICE _____

NAME OF ORGANIZATION _____
JOB TITLE _____
LENGTH OF SERVICE _____

NAME OF ORGANIZATION _____
JOB TITLE _____
LENGTH OF SERVICE _____

HOURS AND DAYS AVAILABLE FOR VOLUNTEER POSITION:

*PLEASE NOTE THAT HORRY COUNTY GOVERNMENT MAY REQUIRE A BACKGROUND CHECK AND/OR DRUG TEST TO QUALIFY AS A VOLUNTEER, DEPENDENT UPON THE POSITION AND DEPARTMENT.

*HORRY COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, GENDER, NATIONAL ORIGIN, AGE OR DISABILITY.

***ANY VOLUNTEER WHO IS A MINOR AT THE TIME OF SIGNING THIS APPLICATION MUST SUBMIT A PARENTAL CONSENT FORM IN ORDER TO PARTICIPATE IN THE VOLUNTEER PROGRAM.**

I ACKNOWLEDGE THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE, AND UNDERSTAND THAT ANY MISREPRESENTATIONS OR OMISSION OF FACTS MAY RESULT IN MY DISQUALIFICATION TO PROVIDE VOLUNTEER SERVICES FOR HORRY COUNTY GOVERNMENT.

SIGNATURE _____ **DATE** _____

RELEASE AND AUTHORIZATION

In connection with my application to provide volunteer services, intern or for employment with Horry County Government ("County"), I hereby authorize County and RecordPros/Global Screening Solutions to perform a background screening check, and (unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is being conducted for the benefit of the County and its employees, interns, other volunteers and citizens. The background check process is not intended to reflect negatively upon the request of the applicant to provide volunteer services, intern or employment, but is performed as a matter of due diligence.
2. All reports are confidential, and provided to County for decisions concerning volunteer services, intern or employment only. In the event that volunteer or intern should later apply for employment with County, volunteer or intern agrees and understands that the background check report conducted in connection with the volunteer or intern application may be considered.
3. I may review or obtain a copy of my report as provided by law. County currently contracts with two companies for this purpose: RecordPros or Global Screening Solutions. RecordPros may be contacted by writing to: 2553 Jackson Keller Suite 200, San Antonio, TX 78230. Global Screening Solutions may be contacted by writing to: 4833 Front Street. Unit B #448, Castle Rock, Colorado 80108.
4. I authorize and release municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to County, RecordPros or Global Screening Solutions.
5. I further release all of the above, including County, RecordPros and Global Screening Solutions, 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.
7. I understand that dishonesty will disqualify me from consideration for employment with the County and, if I am hired, volunteering, interning and/or currently employed by the County, such dishonesty could result in termination of my service or employment.

Your Signature: _____ **Date:** _____

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR PHOTO IDENTIFICATION WITH THIS DOCUMENT.

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 AND SOCIAL SECURITY NUMBER ENSURES ACCURACY AND AVOIDS DELAY.

Last Name: _____ First Name: _____
Middle Name: _____ Social Security Number: _____

DOB: ___/___/___ Maiden/Alias/Former Name: _____
Date of Name Change: _____ Name on Driver's License: _____
Driver's License or I.D. Number: _____ State of Issue: _____

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES:

CURRENT:

FORMER:

Additional Required Parental/Guardian Consent for All Volunteers, Interns or Potential/Current Employees under the Age of Eighteen (18)

I, _____, am a parent and/or legal guardian of the minor volunteer, intern, potential/current employee named above. I have reviewed, understand, and consent to the terms of this Waiver on their behalf to the extent such a party cannot be legally bound thereby due to age.

Guardian/Parent Name (Please Print)

Signature of Guardian/Parent **Date**

Address

Phone Number

Horry County
Human Resources Department
PO BOX 997
1301 Second Avenue
Conway, SC 29526



Phone: (843) 915-5230
Fax: (843) 915-6230

VOLUNTEER CONDUCT AND TRAINING ACKNOWLEDGEMENT

1. Rules of Conduct. Volunteers are subject to the same rules of conduct as Horry County Government employees, as set forth in the Horry County Employment Guidelines. Volunteers are expected to respect Horry County employees and members of the public at all times. Volunteers are not permitted to drive vehicles owned by Horry County Government at any time or under any circumstances without having successfully completed County approved Driver's Training and receiving express permission.
2. Volunteers have received training in Harassment and Ethics, and understand the importance of abiding by Horry County policies with respect to these matters. In the event that a Volunteer believes he or she is the victim of harassment or discrimination, he or she should report this immediately to any of the following: Human Resources, supervisor, or department head.
3. Absences. Volunteers who will be absent for any reason should notify their direct supervisor as far in advance as possible prior to the scheduled arrival time.
4. Confidentiality. It is extremely important for Volunteers to recognize and maintain the confidentiality with respect to all sensitive information concerning customers, operations, and employees of Horry County.

I have read and understand the foregoing. I acknowledge that I have received a briefing concerning the rules of conduct in Horry County, the Harassment and Ethics policies, and Safety Training. I understand further that if I violate any of these policies, my volunteer service may be terminated by Horry County Government.

**PRINTED NAME OF
VOLUNTEER:** _____

Date _____

Signature

Horry County
Human Resources Department
Risk Management
1301 Second Avenue
Conway, SC 29526



Post Office Box 997
Conway, SC 29528-0296
Phone: (843) 915-5230
Fax: (843) 915-6230

VOLUNTEER / INTERN PLEDGE OF CONFIDENTIALITY

I _____, understand that, during my service as a Volunteer/Intern for Horry County, I may acquire, be privy to, or gain access to confidential, proprietary, or otherwise privileged information, whether through oral communication, written record, observation, electronic transmission, or any other means. I agree that all such information, of whatever nature and by any means acquired, shall remain confidential and that I shall neither disclose, wrongfully transmit, communicate or in any way improperly use or reveal such information. I further understand that mere access of certain confidential information without a valid and legal purpose may constitute a felony under section 8-13-725(B), punishable by a \$5,000 fine and/or up to five years' imprisonment. Regardless of other penalties that may be imposed by law, including personal liability for damages, I understand that my violation of this agreement may result in my termination as a volunteer with the County.

Date _____

Witness

Printed Name Volunteer / Intern (Signature)

Volunteer / Intern (Signature)

Horry County
Human Resources Department
PO BOX 997
1301 Second Avenue
Conway, SC 29526



Phone: (843) 915-5230
Fax: (843) 915-6230

HORRY COUNTY PARENTAL CONSENT FORM

YOUR CHILD HAS APPLIED FOR AN UNPAID STUDENT INTERNSHIP POSITION WITH HORRY COUNTY GOVERNMENT. YOUR SIGNATURE ON THIS FORM INDICATES YOUR CONSENT TO YOUR CHILD'S PARTICIPATION IN THIS PROGRAM, AND ACKNOWLEDGEMENT OF THE INFORMATION CONTAINED HEREIN.

UNPAID STUDENT INTERNS ARE UTILIZED IN A VARIETY OF CAPACITIES IN HORRY COUNTY. YOUR CHILD WILL HAVE A GENERAL DESCRIPTION OF DUTIES IN CONNECTION WITH HIS/HER INTERNSHIP PROGRAM. PLEASE REVIEW THIS INFORMATION PRIOR TO SIGNATURE OF THIS PARENTAL CONSENT FORM.

SHOULD IT BE NECESSARY FOR YOUR CHILD TO RECEIVE MEDICAL TREATMENT WHILE PARTICIPATING IN THIS INTERNSHIP, THIS FORM GIVES HORRY COUNTY GOVERNMENT STAFF PERMISSION TO USE THEIR JUDGMENT WITH REGARD TO OBTAINING OR REFERRING YOUR CHILD FOR MEDICAL TREATMENT. PLEASE MAKE CERTAIN THAT YOUR CHILD HAS MEDICAL INSURANCE INFORMATION IN THEIR POSSESSION IN CASE OF EMERGENCY.

THE UNDERSIGNED PARENT OR GUARDIAN HEREBY FREELY AND VOLUNTARILY AGREES TO RELEASE, INDEMNIFY AND HOLD HARMLESS HORRY COUNTY GOVERNMENT, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES WITH RESPECT TO ANY CLAIMS OR DAMAGES WHICH MIGHT ARISE OUT OF YOUR CHILD'S PARTICIPATION AS A VOLUNTEER WITH HORRY COUNTY GOVERNMENT.

PRINTED NAME OF STUDENT _____

PRINTED NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

If you require further information, please contact Horry County Human Resources at 843-915-5230