

BRBGH

Ravalli County
215 S 4th Street Suite B
Hamilton, MT 59840
Phone 406.375.6519
Fax 406.375.6523
E-mail: hr@rc.mt.gov

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

Position/Department for Which Volunteer is Volunteering:

Manning the gates at the Ravalli County Fair

Description of Work Volunteer is Volunteering to Do:

Selling Tickets and/or Taking Tickets

1. Volunteer Name:

Last First Middle Initial

2. Mailing Address:

City: _____ State: _____ Zip: _____

3. Telephone:

Home Cell Work

4. Email Address:

5. Emergency Contact Person/Information:

Name:

Telephone:

Email Address:

Volunteer Emergency Medical Information: Volunteer has voluntarily provided the following Emergency Medical Information to better assist emergency medical personnel in the event of an emergency or Volunteer's injury:

- 6. Volunteer hereby authorizes Ravalli County, including Ravalli County employees, volunteers, and other agents, to contact the above-named Emergency Contact Person in case of an emergency or Volunteer's injury, and to discuss such emergency, Volunteer's injury, and Volunteer Emergency Medical Information with Emergency Contact Person.
- 7. Volunteer hereby authorizes Ravalli County, including Ravalli County employees, volunteers, and other agents, to discuss such emergency, Volunteer's injury, and Volunteer's Volunteer Emergency Medical Information with emergency response personnel.
- 8. Volunteer hereby agrees to HOLD HARMLESS Ravalli County, including Ravalli County employees, volunteers, and other agents, for such injuries arising from Volunteer's refusal to accept emergency response personnel assistance in the event of an emergency or Volunteer's injury.
- 9. Department Volunteer is Volunteering For:

Fair Office / Bitter Root Back Country Horsemen

- 10. Volunteer understands that the above-described work will be noncompensable, and that Volunteer is not an employee of Ravalli County.

Ravalli County is an Equal Opportunity Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410

11. Volunteer hereby volunteers Volunteer's services as described above to assist Ravalli County in this (authorized) work.
12. Volunteer hereby authorizes Ravalli County Human Resources to perform a background check prior to beginning volunteer work.
13. Volunteer understands that either Ravalli County or Volunteer may cancel this Agreement at any time by notifying the other party. If Volunteer wishes to cancel this Volunteer Agreement, Volunteer must contact the Ravalli County Department Head of the Department Volunteer is volunteering for in order to properly notify Ravalli County of the cancellation of this Agreement.
14. Volunteer covenants to notify Ravalli County, by contacting Ravalli County Human Resources if Volunteer is convicted of any crime(s) during this Agreement
15. This Volunteer Agreement is effective through 1 year from the signing of this agreement by Volunteer and Ravalli County, acting by and through the Ravalli County Department Head for the Department that Volunteer is volunteering for or until notification of cancellation of this Agreement by either party, whichever period is shorter.
16. Should any provision(s) of this Volunteer Agreement be held to be void or unenforceable for any reason, such fact shall not render invalid the remaining provisions of this Volunteer Agreement.
17. This executed Volunteer Agreement supersedes, negates, and renders void all prior agreements, understandings, and interpretations of this Volunteer Agreement's terms and constitutes the final agreement of the parties.

Volunteer's Signature

Date

Signed, _____ Date _____
_____, on behalf of Ravalli County

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By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security No. _____ Date of Birth _____

Present Address _____

City/State/Zip _____

Prior Addresses (provide if less than 5 years at present address)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Driver's License State: _____ Number: _____

Applicant Signature _____ Date _____

* This information will only be used for background screening purposes and will not be taken into consideration in any employment decisions.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: