

**Canyon County Board of Community Guardians
Volunteer Application
Member • Guardian • Companion**

Thank you for your interest in volunteering!
Please return the completed application to:
Canyon County Board of Community Guardians
1115 Albany St, Box 11
Caldwell, ID 83605
Community.Guardians@canyoncounty.id.gov
(208) 455-5969 - Phone
(208) 454-6888 – Fax

Name

Address

City

State, Zip

Email

Cell Phone

Work Phone

How did you hear of this volunteer opportunity?

Current Occupation

Employer

Employer's Address

City

State, Zip

Please briefly discuss why you are interested in becoming a volunteer.

Do you have any experience working with vulnerable adults? If yes, please explain.

Please list your skills, interests and community activities.

Volunteer Services I am able to provide:

- Local transportation _____
- Friendly Visits _____
- Attend Board Meetings _____
- Attend guardian trainings _____
- Availability during the day _____
- Availability during the evening _____
- Attend doctor visits _____
- Shopping with Ward _____
- Recreational activities with Ward _____
- Transport and accompany to events, church etc. _____

References

Please provide information for two (2) individuals you have known for at least one year (only one reference may be a relative).

Name	Phone	Length of time known
Relationship	Address	
Email		

Name	Phone	Length of time known
Relationship	Address	
Email		

In signing below, I verify the information provided to be true and accurate.

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION AND INVESTIGATE

*(Carefully read this authorization to release information about you and to investigate you, then **sign and date it in ink in the presence of a NOTARY PUBLIC.**)*

I understand that by signing this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any former employer, person or entity. This release authorizes the disclosure of any document or information relating to me in any way, regardless of the privacy information that it may contain.

I authorize Canyon County, Idaho Prosecuting Attorney's designee, an investigator representing Canyon County (hereinafter referred to as the investigator), to examine or copy any and all files maintained by any person or entity in regard to me and my employment with any person or entity.

I further authorize the investigator to interview any and all persons regarding any and all aspects of my employment history, background, and/or any other matter connected with or related to my employment history and/or other background information.

I, in exchange for allowing the investigator to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge the Commissioners of Canyon County, Idaho, the Canyon County Sheriff, Canyon County, Idaho and all agents, employees, elected and appointed officers of Canyon County and all of those entities and those persons, employees, officers, representatives, attorneys, agents, insurers, successors and assigns and any and all other persons or entities acting for, by or through them, whether acting in their individual capacity or on behalf of said individuals or entities hereinafter collectively referred to as Canyon County from any liability or damage which may result from the examination or release of any records to, from the disclosure of information from, and/or from the conducting of an interview by, the investigator.

Further, I, in exchange for allowing to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals, do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge any person or entity who releases to, or allows the examination by, or participates in an interview with, the investigator, as authorized in this release, from any liability or damage which may result therefrom.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between _____

and Canyon County, Idaho. The undersigned *(APPLICANTS PRINTED NAME)* further declares and represents that he/she fully understands the matters contained in this release and has had an opportunity to consult with his/her attorney regarding this release, prior to the signing thereof.

This Authorization may be used by Canyon County, Idaho for two (2) years from the date subscribed by the undersigned herein.

DATED this _____ day of _____, 20_____.

Signature

Last Name, First Name, Middle Initial (Please Print)

Social Security Number

Date of Birth

Driver's License Number

Driver's License State

STATE OF IDAHO)

ss.

County of _____)

On this _____ day of _____, in the year of 20_____, before me _____, personally appeared _____, and proved
(Notary's Name) (Individual's Name)

to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged that he (she) (they) executed the same.

Notary Public for

Residing at: _____

My Commission Expires: _____

CRIMINAL CONVICTION DISCLOSURE

A background investigation may be conducted by Canyon County when reviewing applicants for law enforcement positions, positions in departments or offices that provide support to law enforcement or other positions where a criminal conviction may be relevant to the work. Criminal convictions will not be reviewed in the initial evaluations of applicants except where a conviction would disqualify an applicant from employment by law. The implications of a conviction may be assessed for a particular hiring decision including, but not limited to, the nature of a criminal conviction, its relationship to the job, and the amount of time that has passed since the crime was committed. A conviction does not necessarily preclude employment or disqualify an applicant from consideration; however, any misrepresentations, omissions, or falsifications will also be considered.

Have you ever been convicted of any offense against the law as an adult? If your answer is "yes," list details in the space provided below. Yes _____ No _____

Nature of conviction, date of conviction, location of conviction:

DATED this _____ day of _____, 20_____.

Signature

Last Name, First Name, Middle Initial
(Please Print)

STATE OF IDAHO)
ss.
County of _____)

On this _____ day of _____, in the year of 20_____, before
me _____, personally appeared _____, and proved
(Notary's Name) (Individual's Name)

to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are)
subscribed to the within instrument, and acknowledged that he (she) (they) executed the
same.

Notary Public for _____
Residing at: _____
My Commission Expires: _____