



Platte county Volunteer
Coming together for the greater
good!



VOLUNTEER REGISTRATION

DEPARTMENT Platte County Public Health &Emergency MGMT

VOLUNTEER NAME: _____

ADDRESS: _____

PHONE: _____

BEGINNING VOLUNTEER DATE: _____

END OF VOLUNTEER DATE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: (do not add until you volunteer)

POSITION: _____

Platte County Code of Ethics Agreement

Volunteers are an important asset of Platte County's workforce and make it possible for the County to deliver services to Platte County residents. As a volunteer, you represent Platte County. As such, it is important that you adhere to the County's Volunteer Code of Ethics.

I, _____, agree to volunteer my services to Platte County and to comply with the County's volunteer Code of Ethics.

- Conduct myself in a professional manner; maintaining high standards of integrity and honesty.
- Treat all members of the public, employees, and other volunteers with respect and courtesy.
- Avoid any activity that could be seen as a conflict of interest, such as accepting gifts or favors from individuals or businesses that could be seen to be an attempt to influence a County decision.
- Respect confidential information that is available to me as a result of my volunteer work with the County, and refrain from using it for personal gain or for personal, non-County business related reasons. Bring any violation of this confidentiality to my supervisor. Before you volunteer please understand you will sign a confidentiality agreement or you will not be able to volunteer.
- Promptly raise questions and concerns regarding possible violations of County policy or local, State or Federal law with my immediate supervisor or another manager within my department.
- Reinforce Platte County's commitment to equal employment opportunity and a work environment free of discrimination and harassment, including sexual harassment.

I understand that Platte County may photograph or videotape the volunteer events or activity in which I am (or my child is) participating. I give my permission for Platte County to use photographs or videotape of me (or my child) for the purpose of promoting Platte County and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.**

I also acknowledge and agree that my (or my child's) services are provided for the convenience of Platte County and may be terminated for any reason or for no reason and at any time by Platte County without prior notice or hearing. I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the County for my services as a volunteer. Rewards or prizes for volunteer service to Platte County may be offered by other persons; however, the County is not responsible for the payment of any such reward or prize to me.

This agreement shall remain in effect until terminated in writing by either party. Additional information may be provided on the attachments.

I understand that I may be released from my volunteer position with Platte County for not adhering to the above Code of Ethics.

Volunteer Signature

Parent/Guardian if under 18 yrs old

Date

Date

Human Resources

Date