

**Benton County Conservation Board
Volunteer Handbook
Adopted February 2022**



Printed First Name: _____

Printed Last Name: _____



Benton County Conservation Board Volunteer Agreement



As a BCCB Volunteer I understand:

- _____ That I will report to the Benton County Conservation Board (BCCB) employee that is coordinating the specific project.
- _____ That I will not receive any compensation for the above work and that volunteers are NOT considered BCCB employees for any purpose.
- _____ That volunteer service is not creditable for leave accrual or any other employee benefits.
- _____ That my volunteer position requires a background investigation in order for me to perform my duties.
- _____ That all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of BCCB, and as such, will be in the public domain and not subject to copyright laws.
- _____ That tobacco use in all BCCB vehicles and machinery is prohibited.
- _____ **That I must annually attend an in-person or complete online volunteer training.**

Code of Conduct

As a BCCB Volunteer I will:

- _____ Follow the policies, guidelines and procedures defined by staff and the appropriate volunteer leader.
- _____ Conduct myself in a professional manner at all times, and work cooperatively with other volunteers and BCCB staff.
- _____ Be courteous and respectful in dealing with staff, other volunteers and the public.
- _____ Work within my assigned agency-authorized tasks.
- _____ Abstain from, and not tolerate physical or verbal abuse.
- _____ Wear appropriate clothing and required Personal Protection Equipment (PPE) as pertaining to assigned tasks at all times.
- _____ Under no circumstances, attend or participate in a volunteer task, activity or event under the influence of alcohol and/or controlled substances.
- _____ Under no circumstances, wear BCCB volunteer clothing, hats or other gear while consuming alcohol and/or illegal controlled substances.
- _____ Report any and all injuries/emergencies to the appropriate staff and/or authorities after first making sure the scene is safe and then taking immediate action to ensure the health and safety of the injured party (whether self or others).
- _____ Operate machinery (over 18 only), vehicles and other equipment in a responsible manner.
- _____ I understand that failure to comply with the terms of this agreement will result in termination of volunteer activity at all Benton County Conservation Board volunteer programs.
- _____ I also understand that either the county or I may cancel this agreement at any time by notifying the other party.
- _____ I understand that all tools, materials and supplies provided by BCCB are and remain the property of BCCB. I also agree to return these to BCCB within three business days of the end of my volunteer service, unless otherwise approved by BCCB staff.

I have read and understand the above agreement, and agree to adhere to these principals.

Participant's Printed Name: _____

Participant's Signature: _____ Date: _____

If Participant is a Minor (UNDER AGE 18):

Parent/Legal Guardian Printed Name (if under 18) _____

Parent/Legal Guardian Signature: _____ Date: _____

**Benton County Conservation Board
BCCB VOLUNTEER PROGRAM**

VOLUNTEER INFORMATION

Name: _____ Email: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Address: _____ City/State: _____ Zip: _____
Employer (if applicable): _____
Date of Birth _____
Parent/Guardian (if under 18): _____ Parent/Guardian Contact: _____

RELEASE OF AUTHORIZATION

I hereby certify that all statements made, and information submitted applicable to volunteering with the Benton County Conservation Board are true and contain no misrepresentations.

CONSENT FOR PHOTOGRAPHS

I give permission and consent to allow photographs to be taken of the undersigned. I further give permission and consent that any such photographs may be published and used by the Benton County Conservation Board.

FURTHERMORE:

1. I am aware that all statements I have made and/or information that I have submitted are subject to investigation and verification including a criminal background check.

2. I authorize the persons, schools, law enforcement agencies and other organizations or employers I have stated and/or submitted information thereof to provide information requested by the Benton County Conservation Board with regard to volunteering with the BCCB. I agree to provide, upon the request of BCCB, written releases and waivers of confidentiality should any such employers or others require such a release.

3. I understand that withholding of information or misrepresentation of any statements I have made and/or information I have submitted could result in disqualification, or termination of volunteer service.

4. I understand any offer of Benton County Conservation Board volunteer positions is conditional upon satisfactory background checks that will be conducted yearly which include criminal, sex offender and if applicable, driving record; or any other that are deemed necessary by BCCB.

KNOWLEDGE/SKILLS/ABILITIES/INTERESTS

- | | |
|---|--|
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Photography/videography |
| <input type="checkbox"/> Benton County Historian | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Prairies |
| <input type="checkbox"/> Hospitality – greeter, etc. | <input type="checkbox"/> General office skills |
| <input type="checkbox"/> Computer – basic skills | <input type="checkbox"/> Public relations/outreach |
| <input type="checkbox"/> Instructor of _____ | <input type="checkbox"/> GIS (Geographic Information System) |
| <input type="checkbox"/> Construction (general) | <input type="checkbox"/> Wildlife Monitoring |
| <input type="checkbox"/> Invasive plant removal | <input type="checkbox"/> Research/citizen science |
| <input type="checkbox"/> Construction (repair) | <input type="checkbox"/> Working with youth |
| <input type="checkbox"/> Litter removal/clean up | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Custodial work (clean floors, windows) | <input type="checkbox"/> Writing/editing |
| <input type="checkbox"/> Maintenance/repair | <input type="checkbox"/> Trail maintenance |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Wetlands |
| <input type="checkbox"/> Outdoor recreation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Forestry | |

EMERGENCY CONTACT:

Name: _____ Phone: _____
Relation (e.g., mother, friend) _____

I have read and understand the above agreement, and agree to adhere to these principals.

Participant’s Printed Name: _____
Participant’s Signature: _____ Date: _____

If Participant is a Minor (UNDER AGE 18):

Parent/Legal Guardian Printed Name: _____
Parent/Legal Guardian Signature: _____ Date: _____

Benton County Conservation
Volunteer Application Form

Date _____

Name (first, middle, last): _____

Address _____ City _____ State _____ Zip _____

Cell/home phone _____ E-mail _____

Emergency contact _____ SS # _____

Have you ever volunteered for Benton County? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

License # _____ Vehicle license plate # _____

Insurance company _____ Insurance policy # _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes _____ No _____

If yes, please explain: _____

Please list your last 3 employers:

1. Employer name : _____ Job title: _____
Date of employment: _____ Phone number _____
Supervisor name _____ Can we contact the employer? Yes _____ No _____

2. Employer name : _____ Job title: _____
Date of employment: _____ Phone number _____
Supervisor name _____ Can we contact the employer? Yes _____ No _____

3. Employer name : _____ Job title: _____
Date of employment: _____ Phone number _____
Supervisor name _____ Can we contact the employer? Yes _____ No _____

Please list 3 personal references (not family):

1. Reference name: _____ Phone #: _____
Relationship: _____ Years they have known you: _____

2. Reference name: _____ Phone #: _____
Relationship: _____ Years they have known you: _____

3. Reference name: _____ Phone #: _____
Relationship: _____ Years they have known you: _____

Availability and Volunteer Assignment Preferences

Please check all that are applicable

I am available:

Mornings

As needed

Afternoons

One time only

Evenings (Mon – Fri)

Once a week

Weekends

Other: _____

More than once a week

If you would like to work at a specific park or property, please indicate area(s) below:

I hereby give my consent to conduct a background check.

Signature of Applicant

Date

OFFICE USE ONLY

Background check completed by: _____ Date: _____

Child Protection Policy

Benton County Conservation seeks to enhance and provide a safe learning environment for children who participate in County programs by securing those employees and volunteers who have been selected through pre-screening measures designed to prevent incidents of inappropriate behavior around children.

Selection Criteria

Each person applying to become a volunteer:

- A. Is required to fill-out a volunteer application form which reveals the individual's work history, all previous experience working with children (those under the age of 18 years), and three personal references (not family);
- B. Is required to discuss position requirements, and further background information to determine suitability for working around children;
- C. Criminal background and abuse registry checks will be repeated every year.

County Policy

- A. **Training:** If selected as a BCCB Volunteer, a person will be required to undergo necessary training.
- B. **Two Adult Rule:** If selected as a BCCB Volunteer, it is county policy for there to be two unrelated adults in the presence of children taught or supervised. Refrain from situations where a single adult is in the presence of a single child at any time.
- C. **Child Protection Policy:** A person selected as a BCCB Volunteer shall immediately report any suspicion of inappropriate behavior, child abuse, or neglect to the Conservation Director or Park Ranger per state law mandatory reporting compliance. The Director or Park Ranger will notify parents and civil authorities. If an employee or volunteer is suspected of abuse or misconduct, that person shall immediately be placed on leave and directed to remain away from the premises pending conclusion of the investigation.
- D. **Discipline Policy:** Corporal punishment of children is prohibited. Contact the Director if assistance is needed.
- E. **Restroom Guidelines:** If a classroom restroom is unavailable for children, children should be taken in a group to a restroom of their gender. A BCCB Volunteer must wait outside the restroom for all children before returning to class. Employees and volunteers should not be alone in a restroom with a child, unless an emergency exists and a report is immediately required to the Director with details of the circumstance.
- F. **Injuries to Children:** For all minor injuries such as scrapes and cuts, first-aid will be provided, the BCCB employee will be notified and report to the parents when the child is picked up. For injuries requiring treatment beyond simple first-aid, the Director and parents will be immediately notified and an ambulance called in emergencies. An incident report will be written by the Director and BCCB Employees involved if treatment by medical professionals is required.

I have read and understand the Child Protection Policy:

Volunteer printed name: _____

Volunteer signature: _____ **Date:** _____

Benton County Conservation Volunteer Check-list - TO BE FILLED OUT BY STAFF

Once completed, a staff member will sign-off before beginning volunteer hours

_____ Read and signed Benton County Employee Handbook

_____ Completed BCCB Volunteer Agreement

_____ Completed Volunteer Application Form

_____ Passed background check:

Date Passed	Officer Initials	Date Passed	Officer Initials

_____ Completed mandatory volunteer training:

Training/Date	Employee Initials	Training/Date	Employee Initials

BCCB Employee printed name: _____

BCCB Employee signature: _____ Date: _____