

February 2011

**From the Desk of Dave Johnson, Emergency Management/Homeland Security Coordinator**

Dear Sweetwater County Volunteer;

After September 11, 2001, America witnessed a wellspring of selflessness and heroism. People in every corner of the country asked, "What can I do?" and "How can I help?"

Sweetwater County Emergency Management offers the CERT (Community Emergency Response Team) training program several times a year. The 20-hour CERT program educates people about disaster preparedness and trains them in basic disaster response skills, such as fire safety, light search and rescue, and disaster medical operations. Using their training, CERT members can assist others in their neighborhood or workplace following an event and can take a more active role in preparing their families and community.

For us to ensure the safety of our volunteers and to establish training standards, we are asking **our volunteers to attend and complete this training**. Classes are offered in both Green River and Rock Springs. If you are unable to attend the classes offered in this area, other counties within Wyoming also offer the classes. An online CERT course titled "Introduction to Community Emergency Response Teams", IS 317, is an independent study course that serves as an introduction to CERT for those wanting to complete training or as a refresher for current team members. This course is available at: <http://training.fema.gov/emiweb/IS/is317.asp>. The CERT course is a 20-hour credit course for POST (Law Enforcement), and EMS (medical).

**To be an "Active" status Volunteer for Sweetwater County:**

- √ Fill out a Sweetwater County Volunteer Application\*\*.
- √ Fill out an Employment Eligibility Verification Form I-9.
- √ Both the Volunteer Application and I-9 must be returned to the Emergency Management Office with copies of the identification forms used for Form I-9.
- √ Must be at least 18 years of age and possess a valid driver's license with a good driving record.
- √ Attend a CERT training session. (Classes are limited. You must sign up with the Emergency Management Office before attending class.) Not required but strongly recommended.

\*\*Requires a criminal background check.

Our volunteers are a critical part of our success in Public Safety. We value and appreciate the many hours and efforts offered to Emergency Management. Thanks to all of you for your support.

Dave Johnson

**Informational Websites:**

Sweetwater County Emergency Management: [www.sweet.wy.us/ema/](http://www.sweet.wy.us/ema/)

Citizen Corps Website: [www.citizen corps.gov](http://www.citizen corps.gov)

CERT: <https://www.citizen corps.gov/cert/>

CERT Home Study Course (IS317): <http://training.fema.gov/emiweb/IS/is317.asp>

Are you Ready?: <http://www.fema.gov/areyouready/>

**SWEETWATER COUNTY EMERGENCY MANAGEMENT/  
HOMELAND SECURITY  
731 C Street, Bldg. A, Suite #131  
Rock Springs, WY 82901  
(307) 922-5370 in Rock Springs  
(307) 872-3884 in Green River  
email: johnsond@sweet.wy.us**

Department of  
Human Resources

80 West Flaming Gorge Way  
Green River, WY 82935

Phone: (307)-872-6475  
(307)-352-6724  
Fax: (307)-872-3240  
e-mail: [svchr@co.sweet.wy.us](mailto:svchr@co.sweet.wy.us)

# Sweetwater County

## Volunteer Application

An Equal Opportunity Employer M/F/H/V

DATE OF APPLICATION \_\_\_\_\_

Please complete all items thoroughly and legibly on an original application blank; photocopied applications not accepted. Please do not substitute a resumé for any section of this application.

### CONTACT INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. NUM. \_\_\_\_\_  
Last First Middle

TELEPHONE NUMBER: ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Please provide your residency information for the last 5 years. Attach additional sheets if necessary.

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW MANY YEARS AT CURRENT RESIDENCE? \_\_\_\_\_ PREVIOUS RESIDENCE? \_\_\_\_\_

### VOLUNTEER INTERESTS

POSITION(S) VOLUNTEERING FOR  Firefighter  Emergency Services (i.e., Search & Rescue, Diver, Shelter, Radio Operator, etc.)

OTHER: \_\_\_\_\_

Name of organization or person who referred you: \_\_\_\_\_

### AVAILABILITY

Are you legally eligible for employment in this country?  Yes  No  
(Proof of eligibility will be required upon acceptance for volunteer service.)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes  No

(Note: Individuals under the age of 18 may be ineligible for certain volunteer positions per OSHA Regulations.)

Are you presently employed?  Yes  No Date available for volunteer work: \_\_\_\_\_

When are you available for volunteer service?  Any time  During Non-Work hours only  
 Other - Please Specify: \_\_\_\_\_

Available for travel as needed?  Yes  No

Driver's License Number (if required by position): \_\_\_\_\_ State: \_\_\_\_\_ Class (Type): \_\_\_\_\_  
(A copy of your current motor vehicle record and a list of your traffic violations for the past five years must be attached.)

Have you been convicted of a felony?  Yes  No  
If yes, please explain. Attach additional sheets if necessary. \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please provide the following information about your employment history for the last 5 years. If additional space is needed, please continue with the same format on a separate sheet of paper.

Name and Address of Current or Most Recent Employer and Type of Business	From		To		Job Title	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Description of Work You Performed:						
Telephone							

**VOLUNTEER HISTORY:** Beginning with your most recent volunteer service, please provide the following information. Please complete thoroughly and do not substitute resumé for any part of this section.

Name and Address of Organization and Type of Business	From		To		Job Title	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
<b>1</b>							
	Description of Volunteer Work You Performed:						
Telephone							

Name and Address of Organization and Type of Business	From		To		Job Title	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
<b>2</b>							
	Description of Volunteer Work You Performed:						
Telephone							

We will check references with the employers and/or organizations you have listed unless you indicate those you do not want us to contact.

**DO NOT CONTACT** Employer/Organization Number(s): \_\_\_\_\_

Reason: \_\_\_\_\_



**MILITARY SERVICE TRAINING**

Did you receive any job-related training in the United States military?  Yes  No.

If yes, describe branch of service, dates, and location of such training below:


**REFERENCES:** List name, address, and telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known
	(     )     -	
	(     )     -	
	(     )     -	

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from volunteer service from Sweetwater County if I have become a volunteer. *I understand that I am a volunteer for Sweetwater County, and further that if a paid position becomes available, my volunteer status creates no expectation for appointment to such position.*

I authorize Sweetwater County to investigate my work performance with my references and with my previous employers, (except as noted), and to investigate other such records, (e.g., motor vehicle operator records, criminal records etc.), pertinent to the volunteer position(s) for which I have applied. I hereby release from liability the County and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. that may be required to certify my suitability for the volunteer work for which I have applied, and I release from liability the County and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for volunteer service. I also understand that the County may refuse to allow me to volunteer as a result of the examination, and I agree to hold Sweetwater County harmless for such refusal.

If I become a volunteer, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. as reasonably may be required to certify my continuing suitability for any volunteer work which I may encounter while a volunteer of the County. I further agree to hold the County harmless for the consequences of such examinations, screenings, tests, etc.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Sweetwater County considers applicants for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

# VOLUNTEER APPLICANT DATA SURVEY

(Completion of Information Below is Voluntary)

As an Equal Opportunity Employer, Sweetwater County complies with applicable EEO regulations. We consider all applicants for all volunteer positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related disability, or any other legally protected status.

The purpose for this Data Survey is to compile gender, ethnicity, disability and veteran status of all applicants for equal employment opportunity purposes. If an applicant elects not to respond to this questionnaire, his/her individual EEO categories will be based on the best information available. This data is not part of your official volunteer application. It is considered confidential information that will not be used in any appointment decision.

NAME \_\_\_\_\_  
Last First Middle

POSITION(S) VOLUNTEERING FOR \_\_\_\_\_ DATE \_\_\_\_\_

Name of organization or person who referred you \_\_\_\_\_

Your association or relationship to referral source \_\_\_\_\_

Check One:  Male  Female Date of Birth: \_\_\_\_\_  
Month Day Year

Check one of the following Race/Ethnic Group:

White  Black  Asian/Pacific Islander

Hispanic  American Indian/Alaskan Native

Vietnam Era Veteran  Disabled Veteran  Disabled Individual

For EEO purposes, a Vietnam Era Veteran is a person (A) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Veteran refers to a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

A Disability, as defined in the American With Disabilities Act of 1990, means a physical or mental impairment that substantially limits one or more major life activities of an individual, having a record of such impairment, or being regarded as having an impairment.

Revised 3 8 01

Department of Homeland Security  
 U.S. Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A lawful permanent resident (Alien #) A \_\_\_\_\_

An alien authorized to work until \_\_\_\_\_  
 (Alien # or Admission #) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



**Form I-9, Employment  
Eligibility Verification**Department of Homeland Security  
U.S. Citizenship and Immigration Services**Instructions**

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

**When Should the Form I-9 Be Used?**

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

**Filling Out the Form I-9**

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. However, employers are still responsible for completing and retaining the Form I-9.

**Section 3, Updating and Reverification:** Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

### What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.