

Office of the Coroner
York County, South Carolina
C.A.R.E. TEAM



VOLUNTEER APPLICATION

Please note that you must satisfy the following requirements before becoming a C.A.R.E. Team volunteer:

- You must be at least **21 years old**.
- You are asked to make a **one-year time commitment**, if possible.
- You must have direct access to a **motor vehicle** at all times; have a valid **Driver's License** and valid **Vehicle Insurance**.
- Applicants may be fingerprinted and processed through City/State/Federal agencies for this purpose.

PLEASE PRINT LEGIBLY

DATE: _____ **E-MAIL ADDRESS:** _____

Last name		First Name		Title (circle one) Mr. Ms. Mrs. Dr. Rev. Other	
Street Address		City	State	Zip	
Home Phone	Work Phone	Cellular Phone		Pager	
<p><i>Your name, address and various contact numbers will be listed on a roster of C.A.R.E. Team volunteers. The roster will be distributed to C.A.R.E. team members & YCCO department personnel who will be working with the C.A.R.E. Team.</i></p>					

How did you hear about the C.A.R.E. Team program? Please be specific.				
<input type="radio"/> Newspaper	<input type="radio"/> Police/Fire/EMS	<input type="radio"/> Friend	<input type="radio"/> Internet	<input type="radio"/> Other
Have you ever worked/volunteered for a York County Department? When? Where?				
If yes, which department:		Years of Service		

Are you fluent (able to read, speak, and write) in any language other than English?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please list languages here:		

<u>Person to be contacted in case of emergency:</u>	
Name: _____	Relationship: _____
Address: _____	
Telephone Day: _____	Evening: _____ Cell: _____
E-Mail: _____	

Skills and Knowledge:

Education (school & highest education completed):	Professional/Technical/Specialized Training: Skilled Training: Crafts/Hobbies:
List any knowledge, training and/or resources that can add to the effectiveness or improvement of this C.A.R.E. program?	

Professional & Volunteer History Please complete below. (Please submit a Resume if available)

Organization – Employer City, State	Position # of years	Duties (list 3-5 main duties)
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Please list any special accommodations needed in attending C. A. R. E. training (disability access, cultural/religious, etc.).
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Why do you want to be involved with the C. A. R. E. Team program?

BACKGROUND INFORMATION

Your application is subject to a complete background review. Applicants may be fingerprinted and processed through State/Federal agencies for this purpose. Disqualifications may result from factors considered in the review. Factors such as the relationship between the offense and becoming a C.A.R.E. Team volunteer will be taken into account. NOTE: This information will be kept confidential.

Date of birth: ___/___/___ Social Security # ___-___-___

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Have you ever pled no contest or been convicted of a crime other than a minor traffic violations (i.e. parking ticket)? YES No If yes, please list below:

Offense: _____ Date: _____ Location: _____

Fine/Sentence: _____

Offense: _____ Date: _____ Location: _____

Fine/Sentence: _____

STATISTICAL INFORMATION (optional) (Data may be useful for Grant Funding requests)

Sex: Male Female

Ethnic Group: White/Non Hispanic American Indian/Alaskan Native Black/Non Hispanic
 Asian/Pacific Islander Hispanic Other Please Specify: _____

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. I authorize a release to verify education, prior volunteer work and/or contact with former employers. **By signing this document I give my consent and acknowledge that my application will be subjected to a criminal background check, social media search, personal reference calls, and any other type of investigation that may be necessary to qualify as a C.A.R.E. Team Volunteer.**

Signature _____ Date: _____

COMMUNITY / WORK REFERENCES

Please provide two references below:

Name/Position:

Organization: _____

Relationship to Applicant: _____

Of Years known: _____

Phone No(s): _____ E-mail: _____

Name/Position:

Organization: _____

Relationship to Applicant: _____

Of Years known: _____

Phone No(s): _____ E-mail: _____

Applicant Certification

1. I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.
2. I agree to conform to the rules and regulations of the County. According to the State of South Carolina Law, I understand my employment with York County will be at-will.
3. I hereby consent to authorize representatives of York County Government contacting any of my former employers or educational institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personnel records deemed necessary. I also understand York County may make inquiries of third parties such as credit bureaus I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by York County in the course of those contacts will be treated with the strictest of confidence. However, I understand it is not possible to guarantee total confidentiality.
4. I understand and acknowledge that York County requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that I have or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

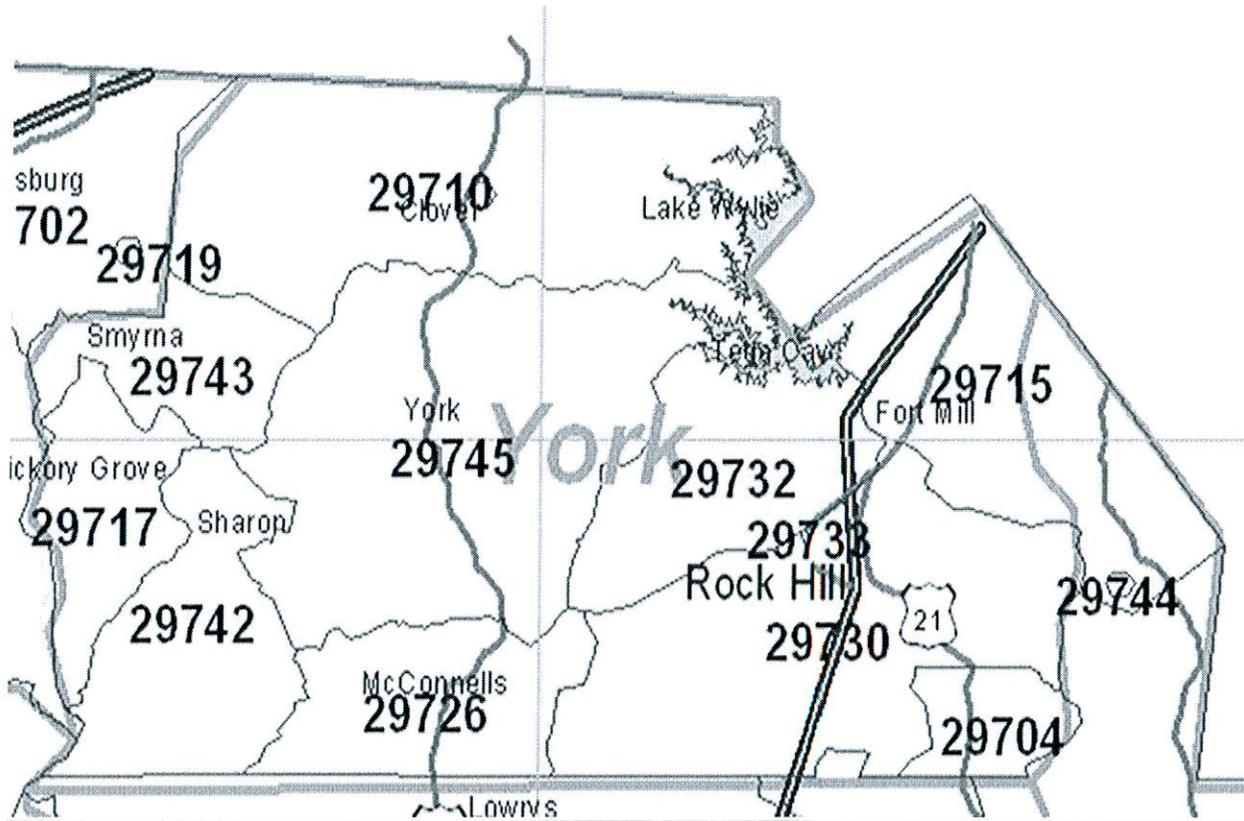
Signature _____ **Date** _____

York County is sensitive to the needs of qualified applicants and employees with disabilities. York County is also willing to make reasonable accommodations to assist such applicant and employee.

EEO STATEMENT

York County Government is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, and age, a legally defined disability to a qualified applicant or other status as protected by law.

The following map is of York County and the areas that are covered by the York County Coroner's Office: York, Hickory Grove, Sharon, Lake Wylie, Clover, Smyrna, Rock Hill, Catawba, McConnell's, Fort Mill, and Tega Cay. C.A.R.E. Team member(s) will be called upon to respond as needed throughout the York County Area.



Please return the completed application and resume to:

**Christina Westover, D-ABMDI, Chief Deputy Coroner, C.A.R.E. Team Coordinator
Office of the Coroner, Sabrina Gast, York County
C.A.R.E. Team
933 Heckle Blvd. Suite 103
Rock Hill, S.C. 29732**

Phone: (803) 909-8406

Fax: (803) 324-9595

E-Mail: chris.westover@yorkcountygov.com