



Nye County Human Resources & Risk Management

MEMORANDUM

Date: April 7, 2010
To: Department Heads / Elected Officials
From: Danelle Shamrell, HR Manager
Subject: Volunteer Process

Please ensure the following applicable steps are completed for each Volunteer prior to them joining Nye County. See Nye County Personnel Policy Manual Section 3.22 – Volunteer Program.

Volunteers Packet - Each department will ensure ALL volunteers review and complete the entire Nye County Volunteer Packet of information provided, including a Nye County Volunteer Application.

DMV Background Check – to be administered by the HR department, will acquire DMV driving record and forward to Department Head.

Nye County Personnel Policy 2.16(1 - 3) - Use of County Property and Premises

1. Volunteer fire, ambulance, and senior service personnel may be permitted to use county vehicles for use related to their volunteer employment.
2. No employee or volunteer may drive a County vehicle unless and until the County has verified the employee has a valid driver's license.

Pre-Volunteer Drug Screen – to be administered by the HR department

Nye County Personnel Policy 3.14.2 - Pre-employment Drug Screening

... The applicant will be asked to authorize the County to conduct the drug screen through the County's designated laboratory testing facility as a requirement of employment. Current designated testing facilities are: Amargosa Clinic, Beatty Clinic, Pahump Quest Diagnostics or Dr. Levisour office, Tonopah Nye Regional.

Physical - Volunteers that fall under the provisions of NRS 616A – 616D and NRS 617: A physical examination for a volunteer firefighter is required upon enrollment for voluntary service and once every 3 years after until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once each year or as required by NRS. The volunteer firefighter shall coordinate the scheduling of the exam with the designated staff member of Nye County Emergency Services. Benefits of NRS 617.457 are contingent upon the volunteer firefighter's submission to the physical examinations. Refusal to submit to the physical would be a violation and subject to suspension or termination from the volunteer position. First time volunteer firefighter applicants who is 50 years of age or older on the date of their application will be responsible for payment of the costs of their physician examination but will be reimbursed for those costs if they become a volunteer firefighter (NRS 617.457 SB6). Reimbursement will be paid based on the volunteers out of pocket expenses, not to exceed the currently contracted rates with the providers.

Files – The Department Head is required to maintain a centralized filing system on all volunteers and will create a separate file on each volunteer that will house all pertinent information, completed forms, physicals, etc., and will ensure the files are kept in a secure and locked location and will allow only authorized personnel to access such files such as Department Head, and Human Resources.



Nye County Human Resources & Risk Management

Volunteer Checklist

Please be sure to have Volunteer complete the following and maintain all data in a secure file.

Volunteer Name: _____ **Date:** _____

Position: _____ **Department:** _____

_____ **Volunteer Application** Completely filled out and signed by Volunteer

_____ **Volunteer Form** (Supervisor fills out & signs top portion, Volunteer fills out and signs bottom portion)

_____ **Copy of Drivers License**

_____ **DMV Background Check - if applicable** (Nye County Personnel Policy Manual: Section 2.16: (1-3)) HR Administrators

_____ **Drug Screen - if applicable** (Authorized facilities: Amargosa Clinic, Beatty Clinic, Pahrump Quest Diagnostics, Tonopah Nye Regional) HR Admin.

_____ **Volunteer Agreement signed by Volunteer and Department Head/Elected Official**

_____ **Other**

Volunteer Packet verified & submitted by: _____

Title/Dept: _____ **Contact phone #:** _____

Nye County Volunteer Application

Human Resources
 PO Box 3400
 101 Radar Road
 Tonopah, NV 89049
 (775) 482-7242

An Equal Opportunity Employer



Human Resources
 2100 E. Walt Williams
 Suite 110
 Pahrump, NV 89048
 (775) 751-6301

Nye County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, marital status, age, disability, veteran status, or status in any other group protected by the federal or state law.

Please Print Clearly

First Name:	Middle Initial:	Last Name:	Today's Date:
Mailing & Physical Address if different:			E-mail address:
City, State, Zip:			Home Telephone: () -
Volunteer Position Desired:		Department:	

If accepted by Nye County, can you provide proof that you are at least 16 years of age? Yes No

What date would you be available for volunteer work with Nye County: _____

Name and relationship to any relative currently or formerly in our establishment: _____

Have you ever Volunteered for Nye County in the past? Yes No

If yes, dates volunteered: _____ What department did you volunteer for? _____

Have you ever been convicted of a criminal offense? Yes No

Please note that a conviction will not necessarily disqualify you from volunteering with Nye County.

If Yes, please explain, provide date(s) and type of charges: _____

Do you have a valid NV driver's license? Yes No License Number: _____ Expiration date: _____

Education:	Name	City & State	*Degree Earned	*Copies may be required Major Course of Study
High School				
College				
Graduate, Trade or Business School				

Describe the volunteer work you are interested in doing: _____

List any special skills you possess and/or equipment or office machines your operate: _____

Do you currently have a State EMS license? If Yes # _____ Expiration date: _____

Do you currently have a NREMT license? If Yes # _____ Expiration date: _____

Days Available (Circle) Mon Tues Wed Thur Fri Sat Sun

History of Volunteer Activities and Work Experience: Please list your volunteer and work experience for the past ten (10) years beginning with your most recent position held. Attach additional sheets if necessary.

May we contact ALL organizations listed? () Yes () No *Attach a list of any exceptions with an explanation*

1.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		Month /Year	Month /Year	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
			Starting	Final	
	Job Title	Supervisor's Name & #			
Reason for leaving:					
2.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		Month /Year	Month /Year	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
			Starting	Final	
	Job Title	Supervisor's Name & #			
Reason for leaving:					
3.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		Month /Year	Month /Year	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
			Starting	Final	
	Job Title	Supervisor's Name & #			
Reason for leaving:					

Date: _____

Signature: _____

Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other information that is not included in this volunteer application.

ACKNOWLEDGEMENTS

Please read ALL of the following statements and **INITIAL** each line to indicate you have read and understood each of the statements. If you have any questions, contact Nye County Human Resources (775) 482-7240.

_____ This is not an application for a paid position. Application for paid positions must be made on a separate application form.

_____ All offers of paid employment, if any, and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ I authorize Nye County to contact any organization or individual that I have listed on my volunteer application and/or resume or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics of traits, or other qualifications for volunteering with Nye County.

_____ In exchange for Nye County's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to Nye County upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including Nye County, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from Nye County. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of Nye County for performing the offered services. It is not my purpose nor my expectation that my services are in preparation for employment with Nye County.

_____ **Pre-Volunteer Criminal Record Check Request:** Due to the nature of the position for which you are being considered, a criminal records check may be required. Convictions can be used to disqualify you for this position.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Date: _____

Signature: _____

**Nye County Human Resources / Risk Management
Substance Abuse Policy Release Form**

Nye County Personnel Policy Manual

- The applicant will be advised that the presence of one or more drugs may be cause for rejection from further consideration and that appointment to a position is contingent upon a negative drug test result.
- The applicant will be asked to authorize the County to conduct the drug screen through the County's designated laboratory testing facility as a requirement of employment.
- Refusal to authorize and participate in a drug screen shall eliminate the applicant from further consideration for the position.
- Applicants shall be directed to appear at an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours after notice to the applicant.
- Applicants shall be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by medical consultants to determine whether the individual is lawfully using an otherwise illegal drug.
- The County will decline to extend a final offer to any applicant with a confirmed positive test result, and such applicant may not reapply to the County for a period of twelve months. The County shall inform such applicant that a confirmed presence of an illegal drug in the applicant's urine precludes the County from utilizing the applicant.

I have been informed that, as a condition of any offer of any volunteer position or as a condition of my continued volunteer work, I must submit to urine, hair and/or blood drug-screening test and I accept this condition. I agree that a drug testing facility of **NYE COUNTY'S** choice is authorized by me to provide the results of said test(s) to **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**. I agree to indemnify and hold the drug testing facility harmless from and against any and all liabilities or judgments arising out any claim related to (i) the employer's submission and handling of the test(s) samples, (ii) compliance by employer with federal and state law, or (iii) the employer's interpretation, use (including volunteer decision) and confidentiality to the test results; except where the drug testing facility is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, **NYE COUNTY** may not accept me and as a volunteer and I may be dismissed by **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**.

DATE

APPLICANT / VOLUNTEER

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u> </u>

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 0.8em; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i>)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine use of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Nye County

Volunteer Agreement

I, _____, agree to volunteer my services to
Nye County _____ (department)
in the position of _____.

I agree that as a volunteer:

- 1) To perform this service for Nye County for charitable reasons, without promise, expectation or receipt of compensation for services rendered, although I can be paid expenses, reasonable benefits and a stipend for such services in the amount of _____.
- 2) To offer my services freely and without pressure or coercion, direct or implied, from Nye County; and
- 3) I am not employed by Nye County to perform the same type of services as those for which I am agreeing to volunteer.

I realize Nye County is depending on my services. If for a serious reason, I cannot keep my commitment, I will notify my supervisor in advance.

Volunteer Signature

Date

Depart. Head/Elected Official Signature

Date