

COUNTY OF SAN BENITO
Human Resources Division



481 Fourth Street, 1st Floor • Hollister, CA 95023
phone: 831.636.4000 • fax: 831.636.4010 • Web site: www.san-benito.ca.us

RECEIPT ACKNOWLEDGEMENT
of
The San Benito County Volunteer Packet

RETURN THIS FORM AND THE VOLUNTEER RECORDS INFORMATION SHEET TO HUMAN RESOURCES DEPARTMENT

I received the Packet that contained the following:

- Harassment and Sexual Harassment in the Workplace
- **Rule 23 – Harassment** from the San Benito County Policies and Procedures Handbook
- **Rule 24 – Drug Free Workplace** from the San Benito County Policies and Procedures Handbook
- Facts About the American Disabilities Act Information Sheet
- *Sexual Harassment: The Facts About Sexual Harassment* Pamphlet
- *Discrimination is Against the Law: Civil Rights in California* Pamphlet
- Employee ID Badge Policy
- Electronic Communications Usage Policy
- San Benito County Injury and Illness Prevention Program Booklet

Furthermore, I understand that I am required to read and understand the information contained within this packet and am required to follow the policies and procedures of San Benito County. I understand that if I have any questions, I may contact Human Resources at 636-4000.

Print Name: _____

Date: _____

Signature: _____

Supervisor's Signature: _____

**Complete front and reverse and return this form to Human Resources.
The other attached information is to be retained by volunteer.**



REQUEST TO UTILIZE VOLUNTEER FORM

Requesting Department: _____

Date: _____

Volunteer's name: _____

Explanation of duties: (Please explain specific duties and activities volunteer will be performing and what specific physical activities volunteer will be performing.)

Identify the specific worksite(s) volunteer will be assisting at. If more than one site identify all.

Please provide estimate of time volunteer will be assisting:

Hours per day: _____

Specific days:
(check 1 or more)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	T	W	TH	F

Identify specific county employee who will supervise and be responsible for this volunteer's orientation, training conduct and performance:

Supervisor's name: _____
Supervisor's job title: _____

DOES THIS VOLUNTEER REQUIRE FINGERPRINT RECORD: YES___ NO___
IF A FINGERPRINT RECORD IS REQUIRED, EXPENSES WILL BE CHARGED TO DEPARTMENT.

Department certification of qualifications:

I hereby attest that this volunteer is qualified and capable of performing those tasks that will be assigned to him or her while in my department:

DEPARTMENT HEAD NAME

DEPARTMENT HEAD SIGNATURE

(FOR HUMAN RESOURCES USE ONLY)

Approved: Denied:

COUNTY ADMINISTRATIVE OFFICER

Reason for Denial: _____

DATE



Harassment and Sexual Harassment In the Workplace Policy & Complaint Procedure

I have received and read:

- The County of San Benito Harassment and Sexual Harassment in the workplace Policy and Complaint Procedure.
- The County of San Benito Personnel Rule 23 – Harassment.
- Fair Employment and Housing (FEHA) Brochure: ***Sexual Harassment: The Facts About Sexual Harassment*** and The Department of Fair Employment and Housing (DFEH) ***Discrimination is Against the Law: Civil Rights in California***.

I acknowledge that:

- San Benito County strongly disapproves and will not tolerate harassment of employees by managers, supervisors or co-workers.
- If I believe I have been subjected to conduct which may constitute harassment, I should promptly report the offensive conduct to my department head. If my complaint concerns my department head, I should contact the Human Resources, who in turn, will advise me and resolve the issues surrounding the complaint. The County emphasizes that I am not required to complain first to my department head if he/she is the individual who is harassing me.
- Every complaint of harassment will be investigated thoroughly, promptly, and in a confidential manner.
- If harassment is established following a complaint and subsequent investigation, the County will discipline the offender. Disciplinary action for a violation of this policy can range from verbal or written warnings up to and including immediate termination, depending upon the circumstances.

I understand that, as a San Benito County Volunteer, the above applies to me.

- I understand that my signature acknowledges my receipt and understanding of the San Benito County Harassment and Sexual Harassment in the Workplace-Policy and Complaint Procedure and the San Benito County Personnel Rule 23 – Harassment. I acknowledge receipt of the Fair Employment and Housing (FEHA) Brochure: ***Sexual Harassment: The Facts About Sexual Harassment*** and The Department of Fair Employment and Housing (DFEH) brochure: ***Discrimination is Against the Law: Civil Rights in California***.

I further understand that the original copy of this acknowledgement will be filed in my Human Resources volunteer file at the San Benito County Administration Office – Human Resources and if I request a copy, it will be provided to me.

Print Name

Signature

Date



San Benito County Employee ID Badge Policy

The purpose of this policy is to enhance the security of the County of San Benito operated facilities as well as provide proper identification of County employees to the public, other agencies, vendors and customers while conducting County business.

All regular and temporary San Benito County Employees will be issued a County Identification Badge. All employees are expected to display their badges while on County time.

Department Heads are responsible for ensuring that all employees of their departments comply with the guidelines set forth in this policy. Any departmental policy regarding ID badges will be understood to supplement this County policy and not supplant it.

Disaster Service Workers

Per Government Code, County Employees become Disaster Service Workers in the event of a disaster and upon request by the County Administrative Officer. The Employee ID Badge will serve as County Disaster Service Worker identification.

Special Circumstances

The Human Resources Division reserves the right to issue ID Badges under special circumstances.

Misuse of County ID Badges

Any misuse of County ID Badges will be subject to discipline.

Obtaining ID Badges

It is the Department's responsibility to request for the new employee on his/her first day of employment to have a photo taken through Human Resources. (With the exception of the Sheriff's Office employees who will have department-issued ID)

Lost or Stolen ID Badges

Lost, stolen or misplaced County ID Badges must be reported by the employee or the employee's department as soon as possible, but no later than the beginning of the next County business day, to Human Resources at (831) 636-4000.

Replacement Badges

Employees are to arrange for replacement cards with Human Resources. Costs for replacement cards will be charged back to the employees' departments.

Retrieval of ID Badges

ID Badges are the property of San Benito County and must be returned to the County upon separation from service. It is the responsibility of the department to take the following actions for employees leaving County service:

- Retrieve the individual's ID badge prior to separation.
- Return to County Human Resources

Any determination of intent or meaning of any provision of this policy shall be made by the Human Resources Division of the Internal Services Department.

Print Name: _____

Date: _____

Signature: _____

Job Title: _____

Name on Badge: _____

**12. EMPLOYEE WRITTEN ACKNOWLEDGEMENT OF SAN BENITO COUNTY
ELECTRONIC COMMUNICATION POLICY**

Department Heads shall have all employees acknowledge in writing that they have received this policy. Such written acknowledgment shall be retained in department files. (Nevertheless, the failure to provide such written acknowledgment shall not in any way limit the County's ability to enforce this policy.)

Acknowledgement of Receipt

"I have received a copy of San Benito County's Electronic Communications Usage Policy, and agree to abide by the terms of this policy. I understand that I should have no expectation of privacy in any matter created, received, or sent using the County's electronic communications systems. I understand that any violation of this policy may result in disciplinary actions being taken against me, and may constitute a criminal offense."

Employee Signature

Date

Witness Signature

Date

EMPLOYEE COPY

◆ Other e-mails that are an essential part of a larger record, or other memorandum of significant public business. As such, these e-mail messages are similar to printed communications and should be written, transmitted and stored with the same care.

10.2 Non-Business e-mails – These are e-mails that do not contain information relating to the conduct of the County's business. These e-mails include unofficial, personal messages.

10.3 Retention – All e-mail is considered public record and is subject to retention in accordance with statutory requirements.

10.3.1 Employees are encouraged to aggressively manage transitory and non-business e-mail.

10.3.2 Regardless of what category an e-mail falls in, if an employee sends or receives any large attachments via e-mail, he or she should immediately store the attachment on other media and then either delete the corresponding e-mail message or copy the message to another file format and then delete it.

11. ADDITIONAL GUIDELINES

11.1 The responsibility for compliance with this policy lies with each County employee. It is the responsibility of departmental management to develop procedures consistent with policy to ensure compliance.

11.2 Employees should be aware that even when they delete an e-mail from their mailbox, and empty it from their Trash Folder or equivalent, it may continue to exist in backup or archival storage devices or in the mailboxes of other recipients or addressees.

11.3 If an employee sets up a vacation rule that generates an automatic reply to incoming e-mails, the reply option should always be "reply to sender", not "reply to all". The "reply to all" option can cause problems if the original e-mail was sent to a large group of people.

11.4 Logoff (Exiting). Employees must complete the logoff or other termination procedure when finished using any system at the end of their work day.

11.5 Large file transfers should not be sent unless they are compressed.

COUNTY OF SAN BENITO
ELECTRONIC COMMUNICATIONS USAGE POLICY

BOARD APPROVED: April 4, 2006

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Print Name

Employee Signature

Date

Witness Signature

Date

EMPLOYER COPY FOR PERSONNEL FILE



FROM: Human Resources Department

SUBJECT: Volunteer Records Information

=====

Social Security Number: _____ / _____ / _____

Name: _____
(First) (Last) (Middle Initial)

Address: _____
(Street) (City, State) (Zip Code)

Phone Numbers: residence: _____ cell: _____ other: _____

*Drivers License # _____ Expiration Date: _____

*Please attach a copy of photo bearing ID.

=====

In case of an Emergency, please notify:

Name: _____ Phone: _____

=====

EDUCATION: Highest Year Completed: _____

SCHOOLS ATTENDED

College, Business or Trade School: _____

Major: _____ Year Received Degree: _____

Bachelors: _____

Major: _____ Year Received Degree: _____

Masters: _____

Major: _____ Year Received Degree: _____