

Mission

To enrich the lives of Alameda County residents through visionary policies and accessible, responsive, and effective services.

Vision

Alameda County is recognized as one of the best counties in which to live, work and do business.

Values

Integrity, honesty and respect fostering mutual trust.

Transparency and accountability achieved through open communications and involvement of diverse community voices.

Fiscal stewardship reflecting the responsible management of resources.

Customer service built on commitment, accessibility and responsiveness.

Excellence in performance based on strong leadership, teamwork and a willingness to take risks.

Diversity recognizing the unique qualities of every individual and his or her perspective.

Environmental stewardship to preserve, protect and restore our natural resources.

Social responsibility promoting self-sufficiency, economic independence and an interdependent system of care and support.

Compassion ensuring all people are treated with respect, dignity and fairness.

**Alameda County Clerk-Recorder
Volunteer Deputy Marriage Commissioner
Application**

Name: _____

Last

First

e-mail address: _____

Home Address _____

City _____

State / Zip _____

Telephone # _____

Best time to contact you? _____

Please state why you are interested in becoming a Volunteer Deputy Marriage Commissioner:

When are you available to start? _____

Hours available per week? _____

Days available? _____

Please describe skills or interest, which may benefit you in this position: _____

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Please list any previous volunteer experience/training? _____

Fluency in language(s) other than English (please name): _____

Do you have a health problem we should be aware of in an emergency? Yes No
If yes, describe: _____

Is there a medication you must take? Yes No

Is there a medication to which you are allergic? Yes No
If yes, medication is: _____

Medical, Hospital or Other Insurance: _____

In Case of Emergency Please Notify:

Name Telephone #

Name Telephone #

I have been informed against and accept responsibility for any breach on my part respecting confidential information. In return for any benefits provided by Alameda County, in providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the County of Alameda or any of its agents, servants or employees for illness, injury, debts or other harm arising from my volunteer services, whether or not authorized, above and beyond any medical benefits provided by the County, excepting the sole negligence of the County.

Volunteer's Name

Signature

Date

Witnessed By: _____

Date _____

**Alameda County Clerk-Recorder
Volunteer Deputy Marriage Commissioner
Authorization To Conduct Reference Checks**

I recently filed an application for a volunteer position with the Alameda County Clerk-Recorder's Office.

I understand that it is the policy of the Alameda County Clerk-Recorder to conduct reference checks and that any offer to participate in the Alameda County Clerk-Recorder Volunteer Deputy Marriage Commissioner Program would be conditioned on the successful completion of reference checks.

List non-relative personal/professional reference below:

(Please print legibly)

1. _____
Full Name/Title

Number & Street Address City/State/Zip Code
e-mail address: _____ Telephone #_()_____

2. _____
Full Name/Title

Number & Street Address City/State/Zip Code
e-mail address: _____ Telephone #_()_____

3. _____
Full Name/Title

Number & Street Address City/State/Zip Code
e-mail address: _____ Telephone #_()_____

I authorize the Alameda County Clerk-Recorder's Office to communicate with the above-named individuals about any information the Alameda County Clerk-Recorder deems pertinent to my application.

_____ Signature

Date

_____ Print Name