

WEBER COUNTY VOLUNTEER APPLICATION
2380 Washington Blvd, Suite 340 Ogden, Utah 84401 (801) 399-8623

Department: _____

Program/Service: _____

Volunteer Duties: _____

Name: _____

Address: _____
Street City State Zip

Telephone #: _____ Date of Birth: _____

Can you perform the volunteer duties of this volunteer position without special accommodations for a disability or health concern: YES ☐ NO ☐ (Answering No does not automatically disqualify you for volunteer status).

Emergency Contact information:

Name: _____ Phone #: _____

Relationship to you: _____

TERMS AND ACKNOWLEDGEMENT

If I am accepted as a Weber County volunteer, I agree to perform the volunteer duties as specified on my selected Volunteer Duties description, to the best of my ability and in a professional manner. I will appreciate constructive feedback. If problems arise such as scheduling, I will notify my supervisor as soon as possible before my assigned shift.

I acknowledge that my service as a volunteer is at-will, meaning I have no right to continuing service as a volunteer. My service as a volunteer may be terminated at any time, for any reason or no reason. I understand that I will receive no compensation, and that I will not be entitled to a paid job at the end of my volunteer service.

CONFIDENTIALITY:

I agree to maintain the same strict confidentiality in the performance of my volunteer duties that is expected of the paid staff.

RELEASE:

While performing volunteer assignments and duties as a volunteer (unsalaried worker), authorized by the Division Director, I shall be deemed an employee of Weber County only to the extent provided for under the Utah Volunteer Government Workers Act, U.C.A. Title 67, Chapter 20, which includes the following:

- A. Medical Benefits under Worker's Compensation for any injury sustained while engaged in performance of any service;
- B. Properly licensed operation of County vehicles or equipment; and
- C. Liability protection normally afforded paid employees.

If I, as a Weber County volunteer, sustain injury, cause injury to another person, or damage county property or property of another person while performing volunteer duties, I shall immediately report such injury or damage to my volunteer supervisor and cooperate fully with the Weber County Attorney's Office in reporting and investigating such claims.

With this knowledge, I hereby release Weber County and its agents and employees from any liability or obligation arising from, or in connection with, my Volunteer Activities with Weber County, other than as stated above.

I have read and understand the above conditions. I certify that all information made in this application is true. I understand that I am required to abide by all rules and regulations, policies, and procedures of Weber County Corporation.

Volunteer Signature:_____ Date_____

Parent or Guardian signature if under 18:_____ Date_____

By initialing below, I acknowledge I have reviewed the information on the following policy acknowledgements.

Harassment, Discrimination, and Retaliation	_____
Standards of Conduct	_____
Worker's Compensation - Employee's Roles and Responsibilities With Safety	_____
Acceptable Computer/Internet Use	_____

Weber County Signatures

Agency Representative:_____ Date_____

Elected Official/Department Head:_____ Date_____

Human Resources:_____ Date_____