

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

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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: \_\_\_\_\_

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**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. The policies can be found at <https://www.webercountyutah.gov/HR/policies/>

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

**ANIMAL SHELTER RELEASE:**

By initialing below, I acknowledge I understand the following information regarding my volunteer service at the Animal Shelter.

I understand the Weber County Bite ordinances and will report all bites, without exception. I understand that my failure to do so may result in my termination as a volunteer. \_\_\_\_\_

I understand which animals I am allowed to interact with under new volunteer procedures. I will respect and abide by the staff recommendations and interact with Shelter Animals only as allowed or advised. \_\_\_\_\_

I will agree to vaccinate my own animals against the following diseases before \_\_\_\_\_  
volunteering:

- Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); and Rabies, and are free of parasites.
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster), Feline Leukemia and Rabies, and are free of parasites.

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Weber County Signatures

Agency Representative: \_\_\_\_\_ Date \_\_\_\_\_

Elected Official/Department Head: \_\_\_\_\_ Date \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date \_\_\_\_\_





# Weber County Consent to Background Check

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

**Authorized by Weber County Code Section 2-23-1**

{Above information verified by valid identification document prior to background check request per Section 1028 of Title 18, United States Code and R722-900 of Utah Administrative Rule}

I (Insert name) \_\_\_\_\_, understand that my personal information including name, date of birth, and social security number will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by Weber County to determine my eligibility for working/volunteering at Weber County. I understand that I may request to review any results of this inquiry and understand that UCA §53-10-108 allows Weber County to provide a copy of those results to me. I understand that any results provided to me can only be used for the purpose of reviewing, responding to, or challenging the accuracy of the information. I understand that if I misuse any information provided to me I may be subject to criminal penalties under UCA §53-10-108(12) (a). Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by Weber County as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). Until the completion of the background check, I understand I may be denied unsupervised access to children and vulnerable adults, as well as any other assignment to which the background check pertains. I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Self Disclosure**

Date of Arrest:

Arresting Agency:

Charges:

Court of Appearance:

Conviction Disposition:

Sentencing and Probation:



## **Challenge procedures**

### **State of Utah:**

The Utah Bureau of Criminal Identification is not responsible for determination of eligibility. Any challenge to eligibility must be handled by the qualifying entity.

The Utah Bureau of Criminal Identification is responsible for all arrest and conviction data for the State of Utah. BCI does not have the authority to modify any records from other state or federal databases. In the event that there is incorrect or missing Utah Criminal Data, please be prepared to provide certified copies from any arresting agency or court of appearance.

To challenge State of Utah criminal arrests and disposition data please complete the required application and submit to the Utah Bureau of Criminal Identification. Instructions and applications are located at the following web address:

<https://bci.utah.gov/wp-content/uploads/sites/15/2020/04/Challenge-Application-2020-Temp.pdf>

### **FBI:**

**Agency requirements for Non-Criminal Justice Applicants are located here:**

<https://www.fbi.gov/services/cjis/compact-council/guiding-principles-agency-privacy-requirements-for-noncriminal-justice-applicants>

### **Challenge of an Identity History Summary**

(Link to obtain an Identity History Summary <https://www.fbi.gov/services/cjis/identity-history-summary-checks>)

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI.

### **Missing or Incorrect State (Non-Federal) Information**

Most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau) before any changes can be made to your information. You may contact the respective State Identification Bureau for assistance, and, if applicable, request that they provide the FBI with updates to your Identity History Summary. Contact information for each state is provided on the State Identification Bureau listing.



Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot change its records. Instead, the FBI accesses the state's system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided on the State-Maintained Records listing.

#### Missing or Incorrect Federal Information

For federal Identity History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with control over the arrest data, or from another agency with control over the arrest data.

Option 2: Send a written challenge request to the FBI.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

Attention: Criminal History Analysis Team 1

1000 Custer Hollow Road

Clarksburg, WV 26306