EMERY COUNTY

VOLUNTEER APPLICATION FORM

Date: _____ **Name:** _____

Phone: _____ Alt:_____Email: _____

Address: _____City: _____State:_____ Zip: _____

Emergency Contact Name: _____ Phone: _____

If you anticipate operating a motor vehicle for and in behalf of Emery County while acting as a volunteer for the County, please fill out the Driver's License Information below.

Driver's License Number: _____ State Issued: _____ Expires: _____

Volunteer Verifications

Have you ever been convicted of a misdemeanor (excluding moving violations) or a felony?
(A "YES" answer to this question is not an automatic disqualification)

□ YES. Please explain: _____
□ NO

During what days and times of the week are you available to volunteer?

□ Monday From_____ to_____
□ Tuesday From_____ to_____
□ Wednesday From_____ to_____
□ Friday From_____ to_____
□ Saturday From_____ to_____
□ Thursday From_____ to_____
□ Sunday From_____ to_____

Volunteer Opportunities

See attached list for volunteer opportunities.

You acknowledge that if your application is approved, you will be considered a "volunteer" according to Utah Code Annotated 67-20-1 et. seq. As a volunteer government worker, you receive liability protection and indemnification (reimbursement for legal fees and costs) normally afforded to a government employee. Your exclusive remedy for personal injury or occupational diseases will be workers' compensation medical benefits.

By making this application, I hereby authorize Emery County to perform criminal history background checks, or to obtain any other information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position for which I am applying. I release Emery County of any liability for the use of this information in considering and reviewing my application.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

□ **I UNDERSTAND THAT PRIOR TO ENGAGING IN MY VOLUNTEER ASSISGNMENTS THAT I MAY UNDERGO A BACKGROUND CHECK, PHYSICAL AND I WILL NEED TO SUBMIT TO A PRE-VOLUNTEER DRUG TEST IN ACCORDANCE WITH THE POLICIES AND PROCEDURES AND/OR LOCAL LAW/ORDINACE, STATE OR FEDERAL MANDATES.**

_____ _____
VOLUNTEER SIGNATURE **DATE**

A copy of the completed volunteer application must be given to the Personnel Department via fax 435-381-2308, email: maryh@emery.utah.gov, mail to: Ms Mary Huntington, Personnel Director, P.O. Box 907, Castle Dale, UT 84531, or deliver in person at The Emery County Government Center 75 East Main Street Castle Dale Utah. 06/15

Volunteer Opportunities for Emery County

- ☐ Administration – area or department/office:_____
- ☐ Events – kind:_____
- ☐ Outdoor (Roads, Weed Control, Swimming Pool):_____
- ☐ Community Venues (Museum, Library, Sr. Citzen Ctr, Travel Council, etc):_____
- ☐ Service (EMS, Search and Rescue, etc) – Certain Restrictions may apply or Certifications may be required):_____
- ☐ Other:_____

Please list skill set pertinent to volunteer opportunity for which you are applying including schooling, sports, hobbies, other volunteer or work experience:

_____
_____
_____
_____
_____
_____
_____

Please list any certifications or licenses that may be applicable to what area for which you are applying:

Professional licenses, registrations and certifications.				
Lic/Reg/Cert Type	License #	State	Expiration Date	Trade or professional organization membership

Are you interested in employment opportunities with the County should they become available?

☐ Yes ☐ No

If yes, please contact the Personnel Office for application process.