

AGREEMENT FOR VOLUNTEER SERVICES



SECTION ONE

(TO BE COMPLETED BY VOLUNTEER)

Name:

Address:

Phone Numbers:

Emergency Contact Information:

Phone Numbers:

Address:

1. I have reviewed the Work Description and amount of time required.
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the County or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my service.
5. I hereby declare that I am in able to perform the duties as described in the Work Description.
6. I understand that, if I am injured or involved in an accident while acting in a voluntary capacity, I must report the injury to my supervisor within twenty four (24) hours and the County's worker's compensation carrier will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered.
7. I understand I may be subject to a criminal record check or other background investigation or drug testing.
8. I understand that I must abide by Iron County's latest revision of the Code of Conduct & County policy on record in the HR office.

AGREEMENTS & APPROVALS:

I hereby volunteer my services, as described in the Work Description, to assist Iron County in its authorized work.

Volunteer Signature

Date

I am authorized to allow volunteer services of the individual above

Signature of Parent/Guardian if volunteer is under age 18

Date

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office within 24 hours of the injury.

Supervisor Signature

Date

Iron County accepts you as a volunteer and recognizes your rights under UCA 67-20 and authorizes you to work as a volunteer according to the attached Work Description.

HR Director Signature

Date

VOLUNTEER WORK DESCRIPTION

JOB TITLE:

WORK LOCATION:

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary)

If volunteer will be operating a County vehicle, a copy of a valid Utah Driver's License must be attached.

TIME REQUIRED:

Hours per day (if applicable): Days of the week (if applicable):

Total time commitment (hours, days, weeks, or months):

Right of Access Provider Waiver

Iron County Sheriff's Office
2132 N Main St., Cedar City, UT 84721

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

NAME: _____			Date of Birth _____ / _____ / _____		
(Last)	(First)	(Middle)	(Month)	(Day)	(Year)
Previously Used Name(s) (Maiden, Alias, etc) _____					
Physical Address: _____					
(Street)		(City)	(State)	(ZIP)	
Social Security #: _____		Driver License Number _____		State: _____	

Initials	Please Initial the Box which MOST applies:
	<input type="checkbox"/> I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	<input type="checkbox"/> I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date _____
(Initials) (Signature)

Phone: _____
Reason: _____