



VOLUNTEER APPLICATION

Human Resource Office
250 N Main
Richfield, UT 84701
(435) 893-0459
lawheeler@sevier.utah.gov

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
 (Please Print)

Previously used names _____ Gender: Male Female

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Volunteer Service(s) applying for: _____ Age: Over 18 Under 18

Reason for volunteering: Personal Interest Community Service Hours Court ordered

Have you ever been convicted of a misdemeanor involving violence or theft and/or any felony convictions? Yes No

IF YOU WILL BE DRIVING WHILE PERFORMING VOLUNTEER SERVICE, PLEASE COMPLETE THE FOLLOWING:

Do you have a valid driver's license? Yes No Driver's License # _____ (OR)
 Write your full name as it appears on your driver's license _____

Do you currently have the minimum vehicle insurance Coverage as required by the State of Utah? Yes No

Have you completed a defensive driving course within the last 5 years? Yes No

AUTHORIZATION AND AGREEMENT BY APPLICANT

IN SIGNING THIS APPLICATION I UNDERSTAND THAT:

- I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation constitutes cause in the rejection of my application or discharge from the volunteer program, regardless of the time of discovery.
- I understand that either the County or I may cancel this agreement at any time by notifying the other party.
- I understand that, if I am injured or involved in an accident while providing volunteer services to the County, 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 by worker's compensation insurance.
- I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services to assist Sevier County in the authorized work upon the terms and conditions above.

_____	_____	_____	_____
Signature of Volunteer Applicant	Date	Parent/Guardian Signature (required if less than 18 years of age)	Date

FOR OFFICE USE ONLY:

_____	_____	_____	_____
Signature of Supervisor/Department Head	Date	Director of Human Resources	Date