

RELEASE:

While performing volunteer assignments and duties as a volunteer (unpaid 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.

Weber County Signatures

Agency Representative: _____ Date _____

Elected Official/Department Head: _____ Date _____

Human Resources: _____ Date _____



3-400: Standards of Conduct Policy Receipt and Acknowledgment

Weber County, like any other large enterprise, must maintain certain rules of conduct. These rules are essential to the successful operation of our organization, and they require the full cooperation of all employees. They define our rights and responsibilities as employees and ensure our effectiveness as a working team.

Weber County employees are expected to act in a professional and courteous manner to fulfill their job duties, and to refrain from engaging in activities that might reflect poorly on the county. County supervisors and managers are held to a higher standard of conduct to ensure that employees are able to fulfill their duties in a professional environment. No employee shall be excused from observing the standards of conduct. This code of conduct will be uniformly applied to all Weber County employees. When a rule is violated, the facts and circumstances of the individual case will be considered, and depending on the severity of the infraction, disciplinary action, ranging from a warning to dismissal, may be applied.

Employees in violation of professional standards of conduct will be subject to disciplinary action as outlined in Policy 3-600 Discipline.

To view this policy: <http://www.webercountyutah.gov/HR/policies/3-400%20Standards%20of%20Conduct.pdf>

By signing I acknowledge I have reviewed the information on the Standards of Conduct policy.

Employee Name (Please Print)

Employee Signature

Date



3-100: Harassment, Discrimination and Retaliation Policy Receipt and Acknowledgement

Weber County strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment of the county should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. Employees should be able to work and learn in a safe, yet stimulating atmosphere. Through enforcement of this policy and by education of employees, Weber County seeks to prevent, correct and discipline behavior that violates this policy.

Weber County does not tolerate discrimination, retaliation or any form of harassment based on race, color, national origin, religion, age, disability, genetic information, gender, gender identity, pregnancy, sexual orientation, marital status and military or veteran status. All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension or termination of employment.

Weber County is an "Equal Opportunity Employer" committed to nondiscrimination in all employment-related practices and decisions, including but not limited to recruitment, hiring, promotion, compensation, benefits and all other practices and decisions affecting employment status, rights and privileges.

To view this policy:

<http://www.webercountyutah.gov/HR/policies/3-100%20Harassment%20Discrimination%20and%20Retaliation.pdf>

By signing I acknowledge I have reviewed the information on the Harassment, Discrimination, and Retaliation policy.

Employee Name (Please Print)

Employee Signature

Date



4-400: Worker's Compensation - Employee's Roles and Responsibilities with Safety Policy
Receipt and Acknowledgment

1. Contribute to a safe workplace.
 - a. **Maintain a drug and alcohol free workplace**
 - b. **Follow safety rules and protocols**
 - c. **Use proper safety equipment**
 - d. **Do not participate in horseplay**
2. Alert the supervisor and/or training and risk manager at (801-399-8709), of unsafe conditions that you cannot resolve.
3. Notify your supervisor and the safety director immediately of any injuries or close calls.
4. Cooperate and be truthful in accident investigations.
 - a. **Don't alter the scene unless serious hazards exist**
5. Seek proper medical assistance through the designated preferred provider (Ogden IHC Workmed, 1355 W. 3400 S., Ogden, UT, 84401).
 - a. **Emergency room for life and limb threatening or after-hours services (McKay Dee Hospital, 4401 Harrison Blvd., Ogden, UT, 84403)**
6. Cooperate and follow through on the treatments of the medical providers.
7. Cooperate and communicate regularly with the claims adjuster.
8. Participate in the Return to Work programs.
9. Provide employers, medical providers, and claims adjusters updates on any changes in the conditions and work status.
10. Report any workers compensation fraud the employee is aware of to 1-800-288-8140.

To view this policy: <http://www.webercountyutah.gov/HR/policies/4-400WorkersCompensationUPDATED.PDF>

By signing I acknowledge I have reviewed the information on the Worker's Compensation policy.

Employee Name (Please Print)

Employee Signature

Date



17.1: Acceptable Computer/Internet Use Policy Acknowledgement

I have reviewed a copy of Weber County's Acceptable Computer/Internet Use Policy Acknowledgement. I fully understand the terms of this policy and agree to abide by them. I realize that the county's security software may record for management use the Internet address of any site that I visit and keep a record of any network activity in which I transmit or receive any kind of file. I acknowledge that any message I send or receive will be recorded and stored in an archive file for management use. I know that any violation of this policy could lead to discipline, including suspension, dismissal or even criminal prosecution.

To view this policy:

<https://webercountyutah.gov/HR/onboarding/documents/Internet%20Usage%20and%20Security%20Policy.pdf>

By signing, I acknowledge I have reviewed the information on the Acceptable Computer/Internet Use policy.

Employee Name (Please Print)

Employee Signature

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