**PRINT** 

## WEBER COUNTY VOLUNTEER APPLICATION

1400 S Depot Dr. Ogden, Utah 84404 (801) 778-6600

Department: Weber Cour	nty Sheriff's Office	Volunteer In Police Service p	rogram	
Name:				
Address:				
S	Street	City	State	Zip
Telephone #:				
Must be 21 years of age	or older to apply.			
Have you ever been arres	sted or charged wi	ith any criminal violation in any	y jurisdiction: YES I	NO NO
If yes, please give a detai	led explanation:			
	n: YES □ 1	is volunteer position without sp NO □ (Answering No does		
-		Phone #:_		
Relationship to A	pplicant:			
by all rules and regulation Sheriff's office. Further, I	ns, police and prod hereby grant my p he discussed with t	this application is true. I undecedures of Weber County Corpormission to have any informathe Volunteers In Police Servi	poration and Weber ation, including crimi	County inal history
Signature:			Date:	

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.

## **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, the undersigned volunteer (unsalaried worker), authorized by the Division Director, shall be deemed an employee of Weber County only to the extent provided for under the Utah Volunteer Governmental Workers Act, U.C.A. 67-20-101 et seg., which provides the following protections:

- Medical Benefits under Worker's Compensation for any injury sustained while Α. engaged in performance of any service;
- B. Properly licensed operation of County vehicles or equipment;
- Liability protection normally afforded salaried employees. C.

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 Weber County Attorney's Office in reporting and investigating such claims.

With this knowledge, the undersigned volunteer hereby releases Weber County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Weber County other than stated above.

have read the sexual harassment and discrimination information.	(initial)
f necessary, I have submitted a Statutory Ethical and Disclosure form.	(initial)
have read and understand the above conditions.	
Volunteer	
Signature:	
Signature of Agency Representative:	
Date:	
Sheriff's Signature:	Date
Human Resources	Date
Please return all applications to:	

Weber County Sheriff's Office

Sgt. Terance Lavely 1400 S Depot Drive Ogden, Utah 84404

Phone: 801-778-6600 Fax: 801-778-6667 Email: VIPS@co.weber.ut.us