

RELEASE:

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

- Harassment, Discrimination, and Retaliation _____
- Standards of Conduct _____
- Worker’s Compensation - Employee’s Roles and Responsibilities With Safety _____
- Acceptable Computer/Internet Use _____

Weber County Signatures

Agency Representative: _____ Date _____

Elected Official/Department Head: _____ Date _____

Human Resources: _____ Date _____