

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 (unpaid 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 seq., which provides the following protections:

- 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;
- C. Liability protection normally afforded salaried 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 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.

I have read the sexual harassment and discrimination information. _____ (initial)

If necessary, I have submitted a Statutory Ethical and Disclosure form. _____ (initial)

I have read and understand the above conditions.

Volunteer

Signature: _____

Parent or Guardian signature if under 18: _____

Signature of Agency Representative: _____

Date: _____

Elected Official/Department Head: _____ Date _____

Human Resources _____ Date _____