



# Volunteer Information

## Utah County Health Department Women, Infants and Children program

We appreciate your interest in volunteering to help us here at WIC. We are always glad to have volunteers work with us in our clinics. Volunteers are needed in all four Utah County Clinics, so if there is no project available in one site, please contact one of the other clinics to volunteer your time and abilities.

When you have contacted the clinic please fill out the WIC Volunteer Forms and bring them to the clinic with you on your first day.

### Utah County WIC Volunteer Projects

#### *Individual Volunteer Project*

<b>Project Description</b>	<b>Preferred Availability and Contact Person</b>
Assist with archiving records, assembly of files, and other administrative duties.	Anytime clinic is open. For Orem or North County, call Janice at 851-7343 For Provo or South County, call Crystal at 851-7318
Assist in preparing nutrition education, materials, and classes. A background in nutrition or dietetics preferred.	Contact Clinic Directors for possible times and projects. Provo: 851-7316                      Orem: 851-7344 South County: 851-7360          North County: 851-7320
Spanish language translation of documents.	Contact Provo Clinic Director: 851-7316
Website design and artwork	Contact Provo Clinic Director: 851-7316
General volunteer duties for a specific WIC Clinic	Contact Clinic you want to volunteer at: Provo: 851-7316                      Orem: 851-7343 South County: 851-7360          North County: 851-7320

#### *Group Volunteer Projects*

<b>Project Description</b>	<b>Preferred Availability, Contact Person</b>
WIC is in constant need of handmade baby quilts or burp cloths. If your group would be interested in making and providing these for our breastfeeding mothers, we would be very grateful.	Contact Breastfeeding Coordinator at 851-7317 for more information or to bring in your items.

#### *Contact Information*

For current clinic information and open hours please see  
<http://www.utahcountywic.org/program/locations/contact.html>.

## WIC Questionnaire for Volunteers

- 1) Do you have computer skills?       Yes       No

If yes, please list skills

- 2) Are you a college student?       Yes       No

If yes, please list major

- 3) How did you hear about volunteer at WIC?

WIC website       Referred by another student

Referred by instructor       Other

- 4) When can you begin volunteering for WIC?

- 5) How long can you volunteer for WIC?

- 6) 6. Please explain why you are interested in doing volunteer work for WIC.

**UTAH COUNTY HEALTH DEPARTMENT—UTAH COUNTY WIC  
VOLUNTEER APPLICATION**  
151 S. University Ave., Suite 2100, Provo, UT 84601, (801) 851-7510

APPLICANT INFORMATION:

Title of Position \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Other names previously used \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 day \_\_\_\_\_ evening \_\_\_\_\_ work \_\_\_\_\_

**Volunteer Availability—when do you want to volunteer? Days/ Times:**

How did you become aware of the position for which you are applying?

Are you related to someone currently employed by Utah County? ( ) yes ( ) no

Name \_\_\_\_\_ Relationship \_\_\_\_\_

EDUCATION:-

\_\_\_\_\_

Have you graduated from High School or received a High School Equivalency Diploma (GED)? ( ) yes ( ) \*no  
 \*If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE EDUCATION:

Name and location of college or University	Dates		Credits		Major	Minor	Type of Degree	Date of Degree
	From	To	Semester Hours	Quarter Hours				

Applicable license or certificates (Type) \_\_\_\_\_ Serial Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_


**LANGUAGES:** List languages you speak, read and write other than English

**EXPERIENCE:** Begin with your present or most recent position and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service:

Employer's Name and Phone Number:	
Complete Address:	
Your Job Title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time ( ) Part Time ( ) Volunteer ( ) Other ( )	Number of hours worked per week:
Supervisors Name, Title and Phone Number:	
Duties:	
Reason for leaving:	

Employer's Name and Phone Number:	
Complete Address:	
Your Job Title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time ( ) Part Time ( ) Volunteer ( ) Other ( )	Number of hours worked per week:
Supervisors Name, Title and Phone Number:	
Duties:	
Reason for leaving:	

Employer's Name and Phone Number:	
Complete Address:	
Your Job Title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time ( ) Part Time ( ) Volunteer ( ) Other ( )	Number of hours worked per week:
Supervisors Name, Title and Phone Number:	
Duties:	
Reason for leaving:	

**REFERENCES:** List three persons, we can contact who are not related to you and who have knowledge of your qualifications and skills for the position you are applying for.

Full Name	Present Business or Home Address	Business or Occupation	Phone Number

- Yes  No Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates and details on a separate sheet.
- Yes  No If the position you are applying for requires driving, do you possess a current driver's license and car insurance. If yes, give driver's license number and car insurance carrier.
- Yes  No If the position you are applying for is hazardous in nature, including but not limited to, working with or around heavy equipment or hazardous material, are you 18 years of age or older?
- Yes  No Are you willing to have your current employer contacted regarding your employment record?

**READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT:**

I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I understand that the falsification of any information on this application, may result in termination of my volunteer status. I further understand that the identification badge issued to me is the property of the Utah County Health Department - WIC and will be surrendered upon termination of my volunteer position. I also understand that if I serve as a volunteer, I may be subject to a background check.

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**SIGNATURE OF APPLICANT**

**UTAH COUNTY GOVERNMENT VOLUNTEER INFORMATION**

**Name:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Anticipated length of service:** \_\_\_\_\_

**Brief explanation of duties:** \_\_\_\_\_

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**A volunteer is anyone who requests and is authorized to provide services to the County without receiving County compensation.**