

**UTAH COUNTY HEALTH DEPARTMENT
VOLUNTEER APPLICATION**

151 South University Avenue - Provo, Utah 84601 - 851-7000

APPLICANT INFORMATION:

Title of Position _____ Date _____

Name _____ (Last 4 digits)
Soc. Sec. No. XXX - XX - _____

Other names previously used _____

Address _____

Street _____ City _____ State _____ Zip Code _____
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: (Please attach transcripts)

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 you 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 or 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 or hours work 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 or hours work 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 City-County Health Department 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.

SIGNATURE OF APPLICANT **DATE**

UTAH COUNTY HEALTH DEPARTMENT
EMPLOYEE/VOLUNTEER AGREEMENT TO PRESERVE CONFIDENTIALITY OF
PERSONAL CLIENT AND PARTICIPANT RECORDS

The work of the Utah County Health Department involves the collection, tabulation and preservation of numerous records which contain information about and identification of individuals. The personal records received by the programs of this Department contain private information which is to be treated in a manner so as to preserve the confidentiality of the individuals identified on them.

- Employees/Volunteers of the Department are to avoid all action that would provide information to others which would identify individuals reported on these records unless specifically authorized to do so.
- Employees/Volunteers are not to scan or review documents on file unless they are specifically authorized.
- Copies, certificates or records are not to be made unless specifically authorized.
- Information identifying individuals obtained from records filed in the Department is not to be taken from the office unless specifically authorized.
- Information gained from working with any document is not to be discussed outside of the office in any manner that could lead to the identification of the individual described on the record, unless specifically authorized.
- The health information received in the Department is important for program, legal, statistical and research purposes. It is essential that the general public has confidence, that the Department respects their privacy and maintains confidentiality of the information reported on records filed with the Department. Statutory and regulatory requirements make it mandatory that Department employees follow the rules outlined above. Your cooperation and assistance in maintaining the confidentiality of documents will be appreciated.

Violations of the above rules will be grounds for disciplinary action and, depending on the seriousness of the violation, may result in dismissal from employment (or from volunteering) and/or legal prosecution.

I certify that I have read the above information and that it has been reviewed with me by my supervisor. I understand the importance of and agree to uphold the confidentiality rules of the Utah County Health Department.

Employee /Volunteer

Date

Supervisor / Coordinator

Date



UTAH COUNTY VOLUNTEER APPLICATION FORM

Please Print All Information on this Form

Application date: _____ Department: _____

Referring Employee: _____

Name of Employee supervising volunteer: _____

Name: _____ SSN: X X X - X X - _____

Phone: _____ email: _____

Address: _____

Brief explanation of duties: _____

Anticipated length of service: _____

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

Please forward this original form to the Personnel Department within one week of application