



SALT LAKE COUNTY VOLUNTEER CONTRACT

If I am accepted as a Salt Lake county volunteer, I agree to perform the volunteer duties as specified on my selected job 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 regarding my duties that is expected of the paid staff.

RELEASE:

While performing volunteer work assignments and duties, the undersigned volunteer (unpaid worker), authorized by the Division Director, shall be deemed an employee of Salt Lake County only for the purpose of the following liabilities and insurance coverage.

- A. Medical Benefits under Worker's Compensation for any injury sustained by him/her 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 Salt Lake County volunteer, will be driving on county business or transporting clients while using my personal vehicle, in the event of a car accident, I shall immediately contact my own insurance carrier and report the accident; damages due to accidents must be covered by my own insurance carrier. If involved in an accident while on County business I must also file a report with County Risk Management according to Salt Lake County Wide Policy 1011, Accident Reporting. Upon request, the Volunteer Coordinator will provide assistance to complete this report. (Refer to Volunteer Policy #4009 on Volunteer Auto Use.)

With this knowledge, the undersigned volunteer hereby releases Salt Lake County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Salt Lake 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: _____