



DAVIS COUNTY VOLUNTEER APPLICATION

Department Use Only

DEPARTMENT: _____
LOCATION: _____ JOB TITLE: _____

1. _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. HOME PHONE: () _____
OTHER PHONE: () _____
3. BIRTHDATE: _____
MONTH DAY YEAR

4. _____
STREET ADDRESS APT. # CITY STATE ZIP CODE

5. EMERGENCY CONTACT INFORMATION:
NAME: _____
PHONE NUMBER: () _____
RELATION: _____
6. DAYS AVAILABLE:
M - T - W - TH - F - SA - SU
HOURS AVAILABLE: _____
EMAIL: _____

7. TYPE OF VOLUNTEER SERVICE DESIRED: _____
 Check here for Court Ordered Community Service. Please include a copy of court documents.

8. RELATED EDUCATION OR CERTIFICATIONS: _____

9. RELATED SKILLS, TRAINING OR WORK EXPERIENCE: _____

10. HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW? [] NO [] YES; If yes, please provide details of conviction on another sheet of paper. A conviction may not bar you from volunteering but will be reviewed as part of your complete application.

11. VOLUNTEER CODE OF CONDUCT: I acknowledge that I have read and understand the Davis County Code of Conduct and that I agree to comply with all of its provisions. I understand that I may be disciplined (which may include not being allowed to volunteer) for violations of this Code of Conduct or other Davis County policies and procedures. I agree to be responsible for County property and equipment issued to me and to pay for property and equipment not returned.

12. DRUG POLICY: I've been given the opportunity to review Davis County's Drug Free Workplace Testing policy and request a copy be given to me. I understand this acknowledgement does not create an obligation or contract of employment between Davis County and myself. As a condition of my employment or volunteering, I hereby voluntarily agree to be tested for the presence in my body of controlled substances and to comply with the Drug Free Workplace Testing policy. I also agree to report for testing as directed. I understand that any County employee or volunteer who sells, distributes, or dispenses alcohol or drugs while on County time and/or on County premises, or who refuses to submit to an alcohol or drug test, or who tampers with or adulterates an alcohol or drug test will be terminated. I further agree to authorize the release of the results of these tests to Davis County. I understand that appropriate disciplinary action may be taken if the test is positive. This release will stay in effect for the duration of my employment/volunteering.

13. I hereby certify all statements made in this application and all other documents are true and complete. I understand and agree any misrepresentation herein shall be sufficient cause to deny volunteering or to terminate my volunteer service at any time.

SIGNATURE _____ DATE _____

Applicants under 18 years only

PARENT SIGNATURE _____ DATE _____