GRAND COUNTY INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

Name (First and Last): _____

(Please print legibly)

Birth Day: _____/_____/_____ Phone: _____

month day year

Physical Address: _____

Mailing Address: _____

Volunteers are considered government employees for certain purposes as set forth in Utah Code Ann. 67-20-3.

All volunteers shall be subject to Grand County's drug free workplace policy (see below) and will sign the Acknowledgement Regarding Grand County's Drug Free Workplace Policy.

Those volunteers who will be using any type of Grand County owned machinery, driving a Grand County vehicle, working with children or vulnerable individuals or working in a potentially hazardous situation will be submitted for a pre-volunteer background check and drug test. This will be directed by the **Personnel Services Director.**

Estimated Volunteer Start Date: _____ Estimated Volunteer End Date: _____

Estimated Volunteer Hours to be donated: _____

Please review and initial the below statements:

_____ I would like to become a volunteer with _____ and contribute some of my time and talents. I understand that my services are donated to Grand County without contemplation of compensation or future employment. I understand that my services will be under the supervision of the Grand County Representative, and that I will be asked to complete a simple report form to account for my time. I understand that I am covered under Grand County's worker's compensation insurance in the event of an injury related to rendering my volunteer service. I will report any injury or incident to the Grand County Representative immediately.

_____ I pledge to adhere to Grand County's Ordinance 593 (Professional Ethics and Conflicts of Interest) as amended. I acknowledge that I have read and understand Ordinance 593 provisions. Additionally, I pledge to disclose all conflicts of interest on Grand County Disclosure Statement from on or before January 31 of each year and or as conflicts arise.

_____ I have received and read the attached Volunteer and Drug Testing sections of the Grand County Employee Handbook, dated January 1, 2014 and have had an opportunity to ask any questions I may have had about it.

_____ I understand that the language used is not intended to create, nor is it to be understood to constitute a contract or guarantee of my position as a volunteer. Likewise, I understand that any oral statement or assurance is not intended to create, nor is to be construed to constitute, a contract or guarantee of future employment.

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_____ I also understand that no Elected Official, Commission Administrator, Department Head, employee, or other Grand County representative other than Grand County Commission has authority to enter into any promises or commitments contrary to the foregoing statements, including making any agreement for any specified period of time.

Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

(If under 18)

Emergency Contact Information: (if less than 18 years old, provide parent or legal guardian contact info)

Name and Relationship to you: _____

Phone: _____ Address: _____ _____

Name and Relationship to you: _____

Phone: _____ Address: _____ _____

Grand County Personnel Services Office Use Only:

Department Contact: _____

Description on Volunteers Services Performed: (Provide a brief abstract of volunteer or service activity and the location f the volunteer activity. Should include details such as time and schedule commitment, use of government vehicle, use of personal equipment, skills required, level of physical activity required, etc.

Termination of Volunteer Agreement:

Agreement Terminated Date: _____ Total Hours Completed: _____

Signature of Department Head: _____ Date: _____

Signature of Personnel Services Department: _____ Date: _____