



## Clearfield City Volunteer Application and Approval Form

Pursuant to the Volunteer Government Workers Act, Utah Code Chapter 20

Volunteer Position Applying For \_\_\_\_\_ Supervisor \_\_\_\_\_

### Volunteer Applicant Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever been employed by Clearfield City? \_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, when and what was your title?

### Qualifications- A resume may be requires by hiring supervisor

Applicable Education \_\_\_\_\_ No \_\_\_\_\_ Yes Describe, \_\_\_\_\_

Certifications \_\_\_\_\_ No \_\_\_\_\_ Yes Describe, \_\_\_\_\_

Years of Experience \_\_\_\_\_

### Volunteer Acknowledgements and Waivers

As a volunteer I understand I must operate within the scope of my duties as assigned and/or my commission charter and will not vary from these responsibilities unless asked to do so by an agent of the City.

As a volunteer I will perform only those tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capabilities. I will not use any equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely. I will strictly observe all safety rules and use care in the performance of my assigned tasks.

As a volunteer I will treat everyone with respect, patience, courtesy, and dignity. While volunteering I will not use profanity or make humiliating, threatening, degrading and discriminatory statements. Furthermore, I will not engage in or give support to any confrontation or potential confrontation and/or act of violence. As a volunteer I agree to be subject to the policies and procedures of Clearfield City.

I understand that a volunteer position is conditional upon my background history meeting the requirements set forth in the City's Background Check Policy. I understand if I choose not to release my BCI report to Clearfield City for a background check policy review, I will no longer be considered for volunteer service.

I understand that volunteer positions are non-compensated service arrangements and my time will be donated without anticipation of compensation of any kind or consideration of future employment.

I have read each of the above items and agree to be bound by them.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Volunteer Approval Signatures

\_\_\_\_\_ Right of Access Waiver Form completed, Dispatch Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Record submitted to City Attorney for approval, City Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ No Record found, Application approved by supervisor, Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ City Manager (or designee) Approval \_\_\_\_\_ Date \_\_\_\_\_ HR Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

# Right of Access Provider Waiver

Clearfield Police Department  
55 S State Street, Clearfield, UT 84015

## Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

### Please Print Clearly:

NAME: _____ (Last) (First) (Middle)		Date of Birth: ____ / ____ / ____ (Month) (Day) (Year)	
Previously Used Name(s) (Maiden, Alias, etc):			
Physical Address: _____ (Street) (City) (State) (ZIP)			
Social Security #: _____		Driver License Number: _____ State: _____	

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use ONLY:

Identification Verified: \_\_\_\_\_ Criminal History Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials) (Signature)