

# UTAH COUNTY VOLUNTEER AGREEMENT

I hereby volunteer as a member of the Utah County Sheriff's Office Timpanogos Emergency Response team (TERT). I will perform volunteer duties to the best of my abilities in a safe and professional manner. I will maintain the same strict confidentiality regarding my volunteer duties that is expected of paid staff members. I will comply with all team rules, regulations and policies.

I understand that I will not be entitled to receive compensation for my services. I may be reimbursed for expenses actually and reasonably incurred and approved by the Utah County Sheriff's Office (UCSO).

As a volunteer I may undertake inherently dangerous activities. In accordance with state law I will be considered a Utah County employee only for 1) the purpose of receiving Worker's Compensation medical benefits which shall be my exclusive remedy for all injuries and or occupational diseases received in the scope of my activities as a volunteer, 2) the properly licensed and authorized use of motor vehicles and equipment and 3) liability protection and indemnification normally afforded to paid Utah County employees. I hereby release Utah County, it's agents and employees from any other liability or obligation arising from, or in connection with, my volunteer activities with Utah County.

I may not act as a volunteer member until I receive notification via email that I have been approved by resolution of the Board of County Commissioners.

I also agree to submit to an initial and periodic background checks and to provide Utah County with any personal information required therefor. I also understand that my participation as a volunteer may be suspended or terminated at any time for any reason by Utah County.

***VOLUNTEER:***

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **DL State:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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***UTAH COUNTY SHERIFF'S OFFICE:***

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Authorized Signature	Date
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***UTAH COUNTY PERSONNEL OFFICE:***

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Authorized Signature	Date
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**SUBMIT THIS FORM TO: [jodee@utahcounty.gov](mailto:jodee@utahcounty.gov)**