



SALT LAKE COUNTY VOLUNTEER APPLICATION FORM



Date: _____

Name: _____ Birthday: _____
Month/ Day

Address: _____
Email

City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

How did you hear about this Salt Lake County Volunteer Program? _____

Why do you want to volunteer in our program? _____

What experience do you have that prepares you to work as a volunteer for our program? _____

Are you presently a student? Yes ___ No ___ Where? _____

Current employer's name: _____ How long? _____

Address: _____ Phone: _____

Previous work experience _____ How long? _____

Would you like us to keep your employer abreast of your volunteer service and achievement? _____

Do you have: Your own transportation? Yes ___ No ___ How will you travel? _____

Liability Insurance? Yes ___ No ___ Agent: _____

Valid Driver's License? Yes ___ No ___ Driver's License number _____

References: Please list three professional and/or personal (not including relatives) references that know you well and can attest to your character, skill and dependability.

Name/Relationship	Address	City	State	Zip	Phone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Emergency contact name: _____ Phone: _____

Address: _____ Relationship: _____

By making this application, I hereby authorize Salt Lake County to perform e.g., criminal history record check, reference checks, employment verification etc., of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Salt Lake County of any liability for the use of this information in considering and reviewing my application.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE

DATE