SALT LAKE COUNTY GROUP VOLUNTEER CONTRACT

If I am accepted as a Salt Lake County volunteer, I agree to perform the volunteer duties as specified on the attached job description, to the best of my ability and in a professional manner.

CONFIDENTIALITY:
I agree to maintain the same strict confidentiality regarding my duties that is expected of the paid staff.

RELEASE:
While performing this volunteer work assignment, the undersigned volunteer (unsalaried worker), authorized by the Division Director, shall be deemed an employee of Salt Lake County, only for the purpose of the following liabilities and insurance coverage:

A. Medical Benefits under Worker's Compensation for any injury sustained by him/her while engaged in performance of any service;
B. Properly licensed operation of County vehicles or equipment;
C. Liability protection normally afforded salaried employees.

Therefore, I acknowledge that Salt Lake County accepts no other liability than that stated above.

I have read the sexual harassment information. _____(Initial)

I have read and understand the above conditions.

Volunteer Signature Address Phone

Job Description: Date:_____