Weber State University
VOLUNTEER SERVICES APPLICATION

INSTRUCTIONS

1. Volunteer completes Section 1.
2. Supervisor completes Section 2.
3. The WSU Police Department (WSPD) will complete Section 3 if
   a. The Volunteer answers “yes” to question #9 below
   b. The Volunteer will have significant contact with minors (anyone under 18 years old) as identified by
      supervisor in section two – Volunteer Description

   If ‘a’ and/or ‘b’ are applicable, Volunteer must take application to WSPD who will complete Section 3.
4. Human Resources completes Section 4.
5. Human Resources provides copy of completed application to supervisor who ensures Volunteer completes
   training.

SECTION ONE (To be completed by volunteer)

NAME (Please Print) ____________________________________________

CONTACT INFORMATION ________________________________________
n-Email Address Telephone

Residential Address Street number City State Zip

EMERGENCY CONTACT INFORMATION

NAME (Please Print) ____________________ Relationship __________ Phone Number(s) __________

1. I have reviewed the description of volunteer services to be performed and amount of time required (Description on
   opposite side of page). I agree to carry out the specified duties and assignments to the best of my abilities.
2. I am aware of the physical demands associated with those assignments and understand the activities I will be
   performing may be physically demanding (see Volunteer Description). I hereby declare, to the best of my
   knowledge, I am capable of performing the tasks expected to be assigned.
3. I understand and agree that I will not be compensated for any of the duties, activities, and assignments that I perform
   as a volunteer. The University may, at its sole discretion, provide a nominal fee, actual expenses or reasonable
   benefits, consistent with applicable law.
4. I understand that either the University or I may cancel this arrangement at any time by notifying the other party.
5. I give my permission for free use of my name, voice, and picture in any promotional or media coverage of my
   volunteer service.
6. I understand that if I am injured or involved in an accident while providing volunteer services to the University,
   Worker’s Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an
   injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I agree to comply with all federal and state laws and all University policies and rules.
8. I understand I may be subject to a criminal record check or other background investigation.
9. Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____. If you answered YES, please describe
   the circumstances on a separate sheet of paper and attach it to this application.

I hereby volunteer my services, as described in the Volunteer Description.

_________________________________________________________        ____________________________
Signature of Volunteer                                                                                       Date
____________________________________________________________________________        ____________________________
Approval Signature of Parent/guardian if under 18                                                                 Date

(over) (Form last updated 06/10/2014)
SECTION TWO - VOLUNTEER DESCRIPTION (To be completed by supervisor)

VOLUNTEER TITLE ____________________________________________

VOLUNTEER LOCATION(S) (Office/Building/Facility) _______________________________________________________

DESCRIPTION OF ASSIGNMENTS TO BE COMPLETED (Describe duties and physical demands. Attach further documentation, if necessary.)

DESCRIPTION OF ANTICIPATED LEVEL OF CONTACT WITH MINORS (Volunteers with significant contact, as outlined in section 2.5 of the Background Check Guidelines for Volunteers may be required to be background checked Attach documentation, if necessary.)

TIME COMMITMENT
Estimated total time commitment (hours, days, weeks, or months) ___________________________________________

Hours per day (if applicable): ____________________ Days of the week (if applicable): ____________________

Other Information:

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, it must be reported to Environmental Health and Safety, ext. 7547, in accordance with their processes.

________________________________________________________________          __________________________________
Supervisor Signature                                                                                               Title

________________________________________________________________          __________________________________
Supervisor Name (Please Print)                                                                                    Date

SECTION THREE (As Applicable - To be completed by WSU Police Department)

(As Applicable) Volunteers self-reporting at time of application (see No. 9 on other side) and volunteers as defined in section 2.5 (Significant Contact) of the “Background Checks Guidelines for Volunteers” must report to the WSPD to complete this application. This form must accompany the applicant. Any questions concerning background checks can be directed to WSPD, ext. 7440.

Identification Verified:_____  Criminal History Completed By:______________________  Approved____ Denied_____

Initials                                                                                       Signature

SECTION FOUR (To be completed by WSU Human Resources, MA111)

☐ This individual will be volunteering for an extended time and will need the following training:

________________________________________________________________

Webster State University hereby authorizes volunteer to provide services according to the Volunteer Description and in accordance with Utah Code Ann. §67-20-1, et. seq. I approve the utilization of the services of the volunteer as noted in the Volunteer Description.

Designee for President Signature /AVP for Human Resources Signature or Designee                 Date