

Washington County Children's Justice Center  
463 East 500 South  
St. George, UT 84770  
***"Where Children Matter and Hope Builds Families"***

## **VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Person (in case of emergency)

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I understand that a background check will be conducted on me, including obtaining a criminal history, and hereby authorize the conducting of such a check and release to the Washington County Children's Justice Center information from said criminal history and other investigation which may be conducted.

Signature \_\_\_\_\_

Witness (CJC Staff) \_\_\_\_\_

## CONFIDENTIALITY

I, \_\_\_\_\_, recognize there may be times when I may be exposed to confidential information regarding specific cases that come through the Washington County Children's Justice Center, including information or names regarding individuals or families. I agree to keep all information confidential regarding individuals or families which is acquired through my involvement with the Washington County Children's Justice Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (CJC Staff)

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY

I, \_\_\_\_\_, am a volunteer, providing services to the Washington County Children's Justice Center of my own free will, and with no expectation of remuneration. I do hereby release and forever discharge the State of Utah, Washington County, St. George City, and the Washington County Children's Justice Center and the Directors, Officers, Employees, agents and representatives of said entities, and their successors and assigns of and from any and all claims, demands, damages, actions, causes of action or suits of whatever kind or nature which now exists or which may hereafter accrue because of, for, arising out of or in any way connected with my said volunteer services at the Washington County Children's Justice Center, 463 East 500 South, St. George, UT, 84770.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (CJC Staff)

\_\_\_\_\_  
Date

Volunteer Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_(home) \_\_\_\_\_(mobile)

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