



WASHINGTON COUNTY  
 HUMAN RESOURCE DEPT  
 197 EAST TABERNACLE ST  
 ST. GEORGE, UTAH 84770

# CJC Volunteer Service Application

Thank you for volunteering to help children by serving at the CJC!  
 Because CJC volunteers may have access to vulnerable children and confidential information, we conduct a background check to keep the CJC a safe place. We understand that no one is perfect so please do not be discouraged if your past is not completely unblemished. We are grateful for any volunteer whose history does not pose a risk to children. To help us conduct the background check as quickly as possible, please provide the following:

**Volunteer Information**

Last Name:		First Name:		Telephone Number:	
Street Address:		City:		State:	Zip:
Date of Birth:		Email:		Driver License #:	State:
Court Ordered Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Community Service Total Hours:		Ever Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you related to someone currently employed by WC?  Yes     No

If Yes - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

By submitting this application, I agree to a criminal background check that may result in my inability to serve as a volunteer at the CJC.

I understand that, if approved:

- \* I may be allowed to perform tasks at the CJC.
- \* I may have access to confidential information and agree to keep such information confidential and not disclose such information to persons outside the CJC.
- \* I understand that I will not be paid by the CJC and agree to perform my volunteer service free of charge.

I hereby authorize the CJC to conduct a criminal background check. **Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Presented ID:  To: \_\_\_\_\_ (Intials)

Brief Description of Proposed Volunteer Activity:  
 \_\_\_\_\_  
 \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Background Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*  
 Date Emailed to Supervisor: \_\_\_\_\_ Entered on Volunteer List: \_\_\_\_\_