

1 = Daggett County
2 = Duchesne County
3 = Uintah County



☐ Foster
Grandparent



Volunteer Application

Name: _____ Phone #'s: _____ --- Home
Last First MI

Address: _____ --- Work
Mailing Address

_____ --- School
City, State ZIP

Date of Birth: _____ Gender: M / F _____ --- Email

SSN: _____ Place of Birth (City, State): _____

Race & Ethnicity Please Mark one:

American Indian ☐ White ☐
Black or African American ☐ Hispanic/Latino ☐ **Veteran: Yes ☐ No ☐**

Education: (Please Circle Highest Level COMPLETED)

A: College Graduate B: Some College C: High School D: Middle / Jr. High E: Elementary School F: N/A

Volunteer Time Commitment: (Please check days you are available below to work a minimum of 15 hours per week)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Special Event	Other

Interests: (Please list the areas of service or types of activities you are interested in.)

Skills: (Please check the areas you possess and feel you can offer to benefit the community.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Games & Crafts | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Answering Telephone | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Appliance Repair | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Read to Visually Imp. |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Handwrite Letters | <input type="checkbox"/> Senior Nutrition |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Serve on Boards / Committees |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Host / Hostess | <input type="checkbox"/> Transport Volunteers |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Tutor Children |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Internet | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Disabled Adults | <input type="checkbox"/> Irrigation | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> Disabled Children | <input type="checkbox"/> Library Aide | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Electrical Repairs | <input type="checkbox"/> Listening | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Mailings Preparation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Nutrition | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Office Filing | <input type="checkbox"/> _____ |

1 = Daggett County
2 = Duchesne County
3 = Uintah County



EMERGENCY CONTACT

Name: _____

Phone #: _____

AUTO INSURANCE

I, _____, a **VOLUNTEER**, understand that if I use my personal automobile in my service as a **VOLUNTEER**, I must arrange to keep in effect automobile liability insurance equal to the minimum required by our state. **Name of Insurance Company** _____

Driver's License # _____ **Exp. Date** _____

INCOME

Social Security \$ _____ /yr. or (\$ _____ / mo.)

Income from Annuities \$ _____ Income from Pensions \$ _____

Interest Income \$ _____ Income from Stocks/Bonds \$ _____

Rent Received \$ _____ Other \$ _____

TOTAL \$ _____

BENEFICIARY

Name _____

Phone (home) _____

(work) _____

I understand that I am not an employee of the Uintah Basin Association of Governments (UBAOG) or the Volunteer Services Program(s) and its volunteer stations.

Signature of Volunteer _____

Date _____

Signature of Volunteer Svc. Staff _____

Date _____

We are an equal opportunity agency. Any accommodations including auxiliary aids & services are available upon request to individuals with disabilities by calling UBAOG 435-722-4518 at least 3 days prior to appointment. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711 and /or Spanish Relay Utah: 888-346-3162 for assistance.

**Waiver to Conduct Background Check
Foster Grandparent Program/Retired Senior Volunteer Program**

Qualifying Entity: Uintah Basin Association of Governments

Address: 330 East 100 South; Roosevelt, UT 84066 Phone: 435-722-4518

By signing this form, I authorize the Uintah Basin Association of Governments (UBAOG), through the use of TrueScreen and Fieldprint, to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. I also grant the UBAOG staff to access and review the National Sex Offender Public Website (NSOPW) record(s) for any sex offender crimes.

I also give permission to UBAOG staff to order my fingerprint cards and NSOPW + Utah State check on my behalf through the Truescreen and Fieldprint websites.

I do hereby release UBAOG, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. TrueScreen and Fieldprint shall make reasonable efforts to respond to the inquiry within 15 business days.

I have read and understood the statements above, and my certification is true and correct to the best of my knowledge and belief. I understand that my eligibility in the program is contingent on the results of my federal background check, state check, and NSOPW.

Volunteer Signature

Date

Qualifying Entity Representative Signature

Date





I hereby certify that I have never been convicted of murder as defined by
18 U.S.C. 1111.

Print:

Signature:

Date:





Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Uintah Basin Association of Governments to initiate automatic deposits to my account at the financial institution named below. I also authorize Uintah Basin Association of Governments to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Uintah Basin Association of Government's responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Uintah Basin Association of Governments receives written notice of the cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____ Checking ☐ Savings ☐

Account Number: _____ ☐ ☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Jointly): _____ Date: _____

Please tape a voided check in this location