



SALT LAKE COUNTY DIVISION OF YOUTH SERVICES

SALT LAKE
COUNTY

PAT S. BERCKMAN, L.C.S.W., DIRECTOR
ROGER D. GISSEMAN, PH.D., ASSOC. DIRECTOR

Main Campus
177 West Price Avenue,
Salt Lake City Utah, 84115

Volunteer Coordinator
Tammy McPherson **E-Mail:** tmcpherson@slco.org
Phone: (801) 269-7506 **Fax:** (801) 269-7550

One-time Volunteer Release Form for all Programs

Girls Group Home, Boys Group Home, Crisis Residential, Juvenile Receiving Center,
Christmas Box, Children's Justice Center

Date: _____ Hours volunteered: _____

While performing volunteer work assignments and duties, the undersigned volunteer(s) authorized by the Division Director, shall be deemed employees of Salt Lake County only for the purpose of the following liabilities and insurance coverage:

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

As a one time volunteer with Salt Lake County Division of Youth Services, I understand that:

1. All information about clients is private, and must be kept within the agency.
2. No outside divulgence of confidential information is allowed without specific permission of the Unit Director/Manager. This includes any information that may be written or published.
3. The privacy of all other volunteers and staff must be respected at all times.
4. No contact with agency clients outside of the scheduled agency setting is permitted.

I certify that by my signature that I will not give information about clients to unauthorized persons and to do so would be a serious violation of the law and jeopardize my employment or voluntary participation with the Division of Youth Services. Furthermore, I will not fraternize with clients, receive gifts from them or in any way conduct myself in an unethical or unprofessional manner while discharging my duties as a Division employee or volunteer.

With this knowledge, the undersigned volunteer hereby releases Salt Lake County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Salt Lake County other than stated above. I have read and understand the above conditions.

Volunteer Name(s) _____

Address _____ Zip _____

Signature _____

Parent Signature if Volunteer is a Minor _____

DYS Representative _____