



Health Department

VOLUNTEER APPLICATION

HOURS: MONDAY - FRIDAY 8:00 AM – 5:00 PM 801- 851-7000

151 S University Ave, Provo UT 84601

Position Information

Title of Position _____ Date _____

Applicant Information

Name _____ Email _____

Address _____ City _____ Zip _____

Soc. Sec. No. XXX – XX – ____ (Last 4 digits) Other names _____

Phone _____ Phone (Other) _____

Availability – When do you want to volunteer? Days/times: _____

How did you become aware of the position for which you are applying? _____

Are you related to someone currently employed by Utah County? Yes No

Name of relation _____ Relationship _____

Emergency Contact Information

Name _____ Phone _____

Education

Have you graduated from High School or received a High School Equivalency Diploma (GED)? () Yes () *No

*If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE EDUCATION: (Please attach transcripts)

Name and location of college or University	Dates		Credits		Major	Minor	Type of Degree	Date of Degree
	From	To	Semester Hours	Quarter Hours				

Applicable License or certificates - Type Serial Number Date Issued Expiration Date

Applicable License or certificates - Type	Serial Number	Date Issued	Expiration Date

LANGUAGES: List languages you speak, read and write other than English _____

EXPERIENCE: Begin with your present or most recent position and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service:

Employer's name and phone number:	
Complete address:	
Your job title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time () Part Time () Volunteer () Other ()	Number of hours worked per week:
Supervisors name, title, and phone number:	
Duties:	
Reason for leaving:	

Employer's name and phone number:	
Complete address:	
Your job title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time () Part Time () Volunteer () Other ()	Number or hours work per week:
Supervisors name, title, and phone number:	
Duties:	
Reason for leaving:	

Employer's name and phone number:	
Complete address:	
Your job title:	From _____ To _____ Mo. Yr. Mo. Yr.
Full Time () Part Time () Volunteer () Other ()	Number or hours work per week:
Supervisors name, title, and phone number:	
Duties:	
Reason for leaving:	

REFERENCES: List three persons we can contact who are not related to you and who have knowledge of your qualifications and skills for the position you are applying for.

Full Name	Present business or home address	Business or occupation	Phone Number

- Yes No Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates and details on a separate sheet.
- Yes No If the position you are applying for requires driving, do you possess a current driver's license and car insurance. If yes, give driver's license number and car insurance carrier. _____
- Yes No If the position you are applying for is hazardous in nature, including but not limited to, working with or around heavy equipment or hazardous material, are you 18 years of age or older?
- Yes No Are you willing to have your current employer contacted regarding your employment record?

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT:

I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I understand that the falsification of any information on this application may result in termination of my volunteer status. I further understand that the identification badge issued to me is the property of the County Health Department and will be surrendered upon termination of my volunteer position. I also understand that if I serve as a volunteer, I may be subject to a background check.

Signature of Applicant _____ **Date** _____



UTAH COUNTY VOLUNTEER APPLICATION FORM

Please Print All Information on this Form

Application date: _____ Department: Health Department

Referring Employee: _____

Name of Employee supervising volunteer: _____

Name: _____ SSN: X X X - X X - _____
(last 4 digits)

Phone: _____ email: _____

Address: _____

Brief explanation of duties: _____

Anticipated length of service: _____ End date _____

A volunteer is anyone who requests and is authorized to provide service
to the County without receiving County compensation.

Please forward this original form to the Human Resource Department within one week of application



CONFIDENTIALITY AND HIPAA NON-DISCLOSURE AGREEMENT

HOURS: MONDAY - FRIDAY 8:00 AM – 5:00 PM 801- 851-7000
151 S University Ave, Provo UT 84601

THIS AGREEMENT entered into this ____ day of _____, 2020, by and between the **Utah County Health Department**, known as the “Health Department”, and _____, known as the “Employee” (including interns and volunteers), and known collectively as the “Parties”, set forth the terms and conditions under which information created or received by or on behalf of the Health Department (known collectively as protected health information or “PHI”) may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter “HIPAA”).

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

1. Confidential Information. The Parties acknowledge that meaningful employment may or will necessitate disclosure of Confidential Information by the Health Department to the Employee and use of Confidential Information by the Employee. The term “Confidential Information” includes, but is not limited to, PHI, any information about patients or other employees, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about the Health Department or its patients that is not public, any intellectual property rights of the Health Department, any proprietary information of the Health Department and any information that concerns the Health Department’s contractual relationships, relates to the Health Department’s competitive advantages, or is otherwise designated as confidential by the Health Department.

2. Disclosure. Disclosure and use of Confidential Information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce use and disclosure of Confidential Information and are relying on the covenants contained herein in making any such use or disclosure. The Health Department, not the Employee, is the records owner under state law and the Employee has no right or ownership interest in any Confidential Information. Employee shall:

- Avoid all action that would provide information to others which would identify individuals reported on these records unless specifically authorized to do so;
- Not scan or review documents on file unless specifically authorized;
- Only make copies, certificates, or records when specifically authorized;
- Not take individually identifiable information obtained from records filed with the Health Department from the Health Department unless specifically authorized;
- Not discuss information gained from working with any document outside of the office in any manner that could lead to the identification of the individual described on the record, unless specifically authorized.

3. Applicable Law. Confidential Information will not be used or disclosed by the Employee in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; or other limitations as put in place by the Health Department from time to time. The intent of this Agreement is to ensure that the Employee will use and access only the minimum amount of Confidential Information necessary to perform the Employee’s duties and will not disclose Confidential Information outside the Health Department unless expressly authorized in writing to do so by the Health Department. All Confidential Information received (or which may be

received in the future) by Employee will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by the Health Department and will not be used other than in connection with the employment relationship.

4. Returning Confidential Information. Immediately upon request by the Health Department, the Employee will return all Confidential Information to the Health Department and will not retain any copies of any Confidential Information, except as otherwise expressly permitted in writing signed by the Health Department. All Confidential Information, including copies thereof, will remain and be the exclusive property of the Health Department, unless otherwise required by applicable law. The Employee specifically agrees that he or she will not, and will not allow anyone working on their behalf or affiliated with the Employee in any way, use any or all of the Confidential Information for any purpose other than as expressly allowed by this Agreement. The Employee understands that violating the terms of this Agreement may, in the Health Department's sole discretion, result in disciplinary action including termination of employment and/or legal action to prevent or recover damages for breach. Breach reporting is imperative.

5. Breach. The Parties agree that any breach of any of the covenants or agreements set forth herein by the Employee will result in irreparable injury to the Health Department for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, the Health Department will be entitled (in addition to any other rights and remedies which it may have at law or in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Employee and/or any other person involved from breaching this Agreement.

6. Binding Arrangement. This Agreement shall be binding upon and endure to the benefit of all Parties hereto and to each of their successors, assignees, officers, agents, employees, shareholders and directors. This Agreement commences on the date set forth above and the terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of this Agreement unless the Parties otherwise expressly agree in writing.

7. Governing Law. The Parties agree that the interpretation, legal effect and enforcement of this Agreement shall be governed by the laws in the State of Utah and by execution hereof, each party agrees to the jurisdiction of the courts of the State of Utah. The Parties agree that any suit arising out of or relation to this Agreement shall be brought in the county where the Health Department's principal place of business is located.

8. Severability. If any provision under this Agreement shall be held invalid or unenforceable for any reason, the remaining provisions and statements shall continue to be valid and enforceable.

IN WITNESS WHEREOF, and intending to be legally bound, the Parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand. I certify that I have read the above information and that it has been reviewed with me by my supervisor. I understand the importance of and agree to uphold the confidentiality rules of the Utah County Health Department.

Employee signature _____ Date _____

Print name _____

Supervisor signature _____ Date _____

Print name _____