

Willard City Corporation

80 West 50 South
Box 593



Willard, Utah 84340
(435)734-9881

WILLARD CITY VOLUNTEER APPLICATION

Volunteer Position (i.e. referee, coach, assistant coach, etc.)

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Emergency Contact and or Parent/Guardian Authorization Information:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip _____

Phone: _____ Parent/Guardian Signature (minors only) _____

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AUTHORIZATION FOR CRIMINAL HISTORY REVIEW (If applicable)

By signing this form, I authorize Willard City Corporation to access and review any criminal history that may exist 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. I understand that any information discovered will not be disseminated beyond those charged by Willard City Corporation to review said information, namely the Chief of Police, City Human Resource Manager, City Attorney, and the department director. All information provided on this form is true and accurate.

I hereby release Willard City Corporation, its officers, employees, agents, officials, and volunteers from any and all liability that may result in requesting and receiving said information.

Date of Birth _____ Social Security # _____

Driver's License # _____ Date of Expiration _____

Printed Name of Applicant

Signature of Applicant

Date of Application: _____