

Volunteer– Related Injury Procedures:

- ✚ REPORT – no matter how minor, report ALL injuries to your supervisor or County representative
 - Injuries requiring medical attention must also be reported to Human Resources as soon as it is reasonable to do so, but not more than 24 hours post-accident

- ✚ ACCOUNT – Complete the Accident / Incident Report Form

- ✚ TREAT – Medical treatment should be received ONLY from the walk-in/work-med clinic at UBMC – Roosevelt. Emergency Room visits are only acceptable in the case of a SERIOUS medical emergency or if the work-med clinic is closed

- ✚ HUMAN RESOURCES – ALL forms / doctor’s notes must be handed in to the Human Resources office within 48 hours of the injury

Duchesne County Human Resources

734 N Center Street
Duchesne, UT 84066
hr@duchense.utah.gov
435-738-1233

Uintah Basin Medical Center

Walk-in / Work-Med Clinic
210 W 300 N
Roosevelt, UT
Monday-Friday: 8 AM - 8 PM
Saturday: 8 AM - 4 PM
Closed Sundays (ER is staffed 24/7)

DUCHESNE COUNTY VOLUNTEER APPLICATION FORM – Dedicated Hunter

Date: _____

Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

If you anticipate operating a motor vehicle for and in behalf of Duchesne County while acting as a volunteer for Duchesne County, please fill out the Driver's License Information below.

Driver's License Number: _____ State Issued: _____ Expires: _____

Volunteer Verifications

You acknowledge that if your application is approved, you will be considered a "volunteer" according to Utah Code Annotated 67-20-1 et. seq. As a volunteer government worker, you receive liability protection and indemnification (reimbursement for legal fees and costs) normally afforded a government employee as long as you are performing duties pre-determined in your scope of work. Your exclusive remedy for personal injury or occupational diseases will be workers' compensation medical benefits through the State of Utah and not Duchesne County.

By making this application, I hereby authorize Duchesne County to perform criminal history background checks, or to obtain any other information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position for which I am applying. I release Duchesne County of any liability for the use of this information in considering and reviewing my application.

I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding. While Duchesne County may provide some of the safety equipment needed to perform this activity, I understand that I must wear a long sleeve shirt, long pants and provide my own lunch.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL

VOLUNTEER SIGNATURE

DATE

A copy of the completed volunteer application, including checking the box for reading the sexual harassment policy, must be given to the Human Resources Department. Please fax form to 435-738-1221. You may also mail or personally deliver to Judy Stevenson, Human Resources, 734 N. Center Street, P.O. Box 346, Duchesne, UT 84021