



## VOLUNTEER APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you at least 18 years old? Yes  No  *(Volunteers are required to be at least 18 years old)*

Have you been convicted of a crime, excluding minor traffic offenses? Yes  No

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If you are in school, please tell us which one: \_\_\_\_\_

How many hours do you wish to volunteer? *(It is your responsibility to track your hours)* \_\_\_\_\_

Why do you wish to volunteer at Wasatch Behavioral Health? \_\_\_\_\_

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Program you are interested in volunteering at? *(See website for programs accepting volunteers)* \_\_\_\_\_

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Please review the attached policies.

- I acknowledge that I have read and received a copy of the Uses and Disclosures: Notice of Privacy Practices Policy. I agree that I will not at any time during my volunteer service use, access, or disclose protected health information to any person or entity except as is required and permitted in my duties and responsibilities.
- I acknowledge that I have read and received a copy of the WBH Code of Conduct Policy. I understand and agree to abide by this policy.
- I acknowledge that I have read and received a copy of the Electronic & Telephone Communications Policy. I understand and agree to abide by this policy.

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Signature *(Electronic signature accepted)*

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Date

**RETURN COMPLETED APPLICATION TO JENNIE REESE, VOLUNTEER COORDINATOR**  
**Phone: (801) 852-4704 Email: [jreese@wasatch.org](mailto:jreese@wasatch.org)**