



Clinton City Citizen Committee Application Form

Tell us where you are interested in serving:

Planning Commission Board of Adjustment

Community Arts Board Parks Advisory Board

Name: _____

Address: _____

Phone: _____

Email: _____

How long have you been a resident of Clinton? _____

Please tell us about yourself and why you are interested in volunteering:

Please tell us about your talents, your education, your work experience and/or skills that would make you a good candidate:

Please tell us if you have been or are a member of other city commissions or organizations:

Volunteer Liability Release Form

Volunteer Government Workers Authorization

Utah State Law, Section 67-20-1 et seq. provides strict regulations regarding the authorization use of volunteer workers for cities. A volunteer means any person who donates service without compensation except expenses actually and reasonably incurred as approved.

Eligible volunteers are not considered City employees. They may however be considered Statutory Employees as permitted by law for purpose of:

1. Receiving workers compensation medical benefits, which shall be the exclusive remedy for all injuries and occupational diseases as provided under title 34A, Chapter 2, Worker's Compensation Act, and Chapter 3, Utah Occupational Disease Act; and
2. Liability protection and indemnification afforded paid government employees.

In consideration of my desire to serve as a volunteer for Clinton City, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary effort including the use of equipment and facilities of Clinton City.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Clinton City and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Utah, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature: _____

Print Name: _____

Date: _____