



Volunteer Information

Utah County Health Department Women, Infants and Children program

We appreciate your interest in volunteering to help us here at WIC. We are always glad to have volunteers work with us in our clinics. Volunteers are needed in all four Utah County Clinics, so if there is no project available in one site, please contact one of the other clinics to volunteer your time and abilities.

When you have contacted the clinic please fill out the WIC Volunteer Forms and bring them to the clinic with you on your first day.

Utah County WIC Volunteer Projects

Individual Volunteer Project

Project Description	Preferred Availability & Contact Person
Assist with archiving records, assembly of files, and other administrative duties.	Anytime clinic is open. For Orem or North County, call Janice at 851-7343 For Provo or South County, call Crystal at 851-7318
General office duties: filing, data entry, power point, brochures, calendars, etc.	Provo Clinic: Contact Mindy at 851-7319
Assist in preparing nutrition education, materials, and classes. A background in nutrition or dietetics required	Contact Clinic Directors for possible times & projects. Provo: 851-7300 Orem: 851-7340 South County: 851-7360 North County: 851-7320
Spanish Language Translators to assist Spanish-speaking clients at WIC appointments	Contact Spanish Clinic Director: 851-7311
General volunteer duties for a specific WIC Clinic	Contact Clinic you want to volunteer at: Provo: 851-7317 Orem: 851-7343 South County: 851-7360 North County: 851-7320

Group Volunteer Projects

Project Description	Preferred Availability, Contact Person
WIC is in constant need of handmade baby quilts or burp cloths. If your group would be interested in making and providing these for our breastfeeding mothers, we would be very grateful.	Contact Breastfeeding Coordinator at 851-7317 for more information or to bring in your items.

Contact Information

Orem WIC

1549 N. State Street #104
Orem, UT 84057
(801) 851-7340
(801) 851-7346 (fax)
Hours: Mon - Fri

Provo WIC

151 S. University Ave, Ste
2100
Provo, UT 84601
(801) 851-7300
(801) 851-7303 (fax)
Hours: Mon - Fri

North County WIC

321 E. 300 N. #1
American Fork, UT 84003
(801) 851-7320
(801) 492-1032 (fax)
Hours: Mon - Fri

South County WIC

910 E. 100 N., Suite 175
Payson, UT 84651
(801) 851-7360
(801) 465-0911 (fax)
Hours: Mon, Wed - Friday

WIC Questionnaire for Volunteers

- 1) Do you have computer skills? G Yes G No

If yes, please list skills

- 2) Are you a college student? G Yes G No

If yes, please list major

- 3) How did you hear about volunteer at WIC?

G WIC website

G Referred by another student

G Referred by instructor

G Other

- 4) When can you begin volunteering for WIC?

- 5) How long can you volunteer for WIC?

- 6) 6. Please explain why you are interested in doing volunteer work for WIC.

**UTAH COUNTY HEALTH DEPARTMENT—UTAH COUNTY WIC
VOLUNTEER APPLICATION**
151 S. University Ave., Suite 2100, Provo, UT 84601, (801) 851-7510

APPLICANT INFORMATION:

Title of Position _____ Date _____
 Name _____ Soc. Sec. No. _____
 Other names previously used _____
 Address _____
 _____ State _____ Zip Code _____ Street _____ City _____
 Phone: _____
 day _____ evening _____ work _____

Volunteer 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 _____ Relationship _____

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:

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

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 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 of hours worked 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 Utah County Health Department WIC 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