



Urban Indian Center of Salt Lake

Mission: "Serving The People by honouring Native cultures, strengthening health and wellness programs and cultivating community"

VOLUNTEER APPLICATION FORM:

The Urban Indian Center of Salt Lake (UICSL) encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

Thank you for your interest in our organization!

PERSONAL / CONTACT DETAILS: ALL FIELDS REQUIRED	
Date of Application:	
First and Last Name:	
Mailing Address:	
Phone 1:	
Phone 2:	
E-mail address:	
Preferred method of contact:	
Emergency Contact Details:	
Name:	
Relationship to you:	
Phone 1:	Phone 2:
REFERENCES: <i>Please provide the name and contact details of at least two references:</i>	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	

INTERESTS: Please tell us in which areas you are interested in volunteering:

Please tick any of these skill areas if they relate to you:

- Behavioral Health Events
- Youth/Family Program Events
- Health/Wellness Events
- Pow-Wows
- Other: _____

Please list any previous experiences in the above interests in the space below:

Languages spoken:

Other voluntary work:

Hobbies / Interests:

Any special talents or skills you have that you feel would benefit our organization?

Please indicate the days you are available: MON TUES WED THURS FRI SAT

Times available: From _____ To _____

Where did you hear about us?

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to volunteer with the UICSL. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with UICSL Program partner organizations and funding bodies.

By signing this form:

- ✓ I attest that the information supplied is true and accurate.
- ✓ I hereby give my consent to contact my references; and agree to obtain a background check.
- ✓ I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory background check and participation in training. I confirm that I am willing to volunteer for at least a six-month period. As a volunteer of UICSL, I agree to abide by the UICSL policies and procedures. I understand that I will be volunteering at my own risk and that the UICSL, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the UICSL. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Print Name:

Date:

The Urban Indian Center of Salt Lake is committed to the safety and wellbeing of all children and young people accessing our service. We support the rights of the child and will act without hesitation to ensure a child-safe environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.

PLEASE RETURN ALL PAGES TO THE UICSL HUMAN RESOURCE DEPT.



PICTURE/VIDEO/VOICE/IMAGERY RELEASE FORM

Name: _____ Birth Date: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

***If Minor Child named above, please complete the following:**

Parent or Guardian: _____

Parent or Guardian Work Phone: _____ Mobile Phone: _____

By signing this release form, I authorize the Urban Indian Center of Salt Lake (UICSL), to use the following personal information:

1. My picture – including photographic, motion picture, and electronic (video) images.
2. My voice – including sound and video recordings.

I hereby grant to the Urban Indian Center of Salt Lake, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, (or child's name), pictures of me (or named child), or electronic form, sound and video recordings of my voice (or named child), and printed and electronic copy of the information described in 1 and 2 above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant the Urban Indian Center of Salt Lake, all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant the Urban Indian Center of Salt Lake the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for the Urban Indian Center of Salt Lake's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I hereby certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF,

I have executed this release, signed on this _____ day of _____, 20____.

Month

Year

Signature _____ Printed Name _____

*Relationship _____ (if signing for a minor)



VOLUNTEER EMERGENCY CONTACT FORM:

Name: _____

Department: _____

Personal Contact Info:

Home Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

Emergency Contact Info:

1. Name _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

2. Name _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

Medical Contact Info:

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

I have voluntarily provided the above contact information and authorize the Urban Indian Center of Salt Lake and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to the Urban Indian Center of Salt Lake at this time.

Signature: _____ Date: _____

Print Name: _____

DEPARTMENT OF HUMAN SERVICES
PROVIDER CODE OF CONDUCT

Revised April 20, 2011

R495-876-1. Authority.

The Department of Human Services promulgates this rule pursuant to the rulemaking authority granted in Section 62A-1-111.

R495-876-2. Statement of Purpose.

(1) The Department of Human Services ("DHS") adopts this Code of Conduct to:

(a) Protect its clients from abuse, neglect, maltreatment and exploitation; and

(b) Clarify the expectation of conduct for DHS Providers and their employees and volunteers who interact in any way with DHS clients, DHS staff and the public.

(2) The Provider shall distribute a copy of this Code of Conduct to each employee and volunteer, regardless of whether the employees or volunteers provide direct care to clients, indirect care, administrative services or support services. The Provider shall require each employee and volunteer to read the Code of Conduct and sign a copy of the attached "Certification of Understanding" before having any contact with DHS clients. The Provider shall file a copy of the signed Certificate of Understanding in each employee and volunteer's personnel file. The Provider shall also maintain a written policy that adequately addresses the appropriate treatment of clients and that prohibits the abuse, neglect, maltreatment or exploitation of clients. This policy shall also require the Provider's employees and volunteers to deal with DHS staff and the public with courtesy and professionalism.

(3) This Code of Conduct supplements various statutes, policies and rules that govern the delivery of services to DHS clients. The Providers and the DHS Divisions or Offices may not adopt or enforce policies that are less-stringent than this Code of Conduct unless those policies have first been approved in writing by the Office of Licensing and the Executive Director of the Utah Department of Human Services. Nothing in this Code of Conduct shall be interpreted to mean that clients are not accountable for their own misbehavior or inappropriate behavior, or that Providers are restricted from imposing appropriate sanctions for such behavior.

R495-876-3. Abuse, Neglect, Exploitation, and Maltreatment Prohibited.

Providers shall not abuse, neglect, exploit or maltreat clients in any way, whether through acts or omissions or by encouraging others to act or by failing to deter others from acting.

R495-876-4. General Definitions.

(1) "Client" means anyone who receives services from DHS or from a Provider pursuant to an agreement with DHS or funding from DHS.

(2) "DHS" means the Utah Department of Human Services or any of its divisions, offices or agencies.

(3) "Domestic-violence-related child abuse" means any domestic violence or a violent physical or verbal interaction between cohabitants in the physical presence of a child or having knowledge that a child is present and may see or hear an act of domestic violence.

(4) "Emotional maltreatment" means conduct that subjects the client to psychologically destructive behavior, and includes conduct such as making demeaning comments, threatening harm, terrorizing the client or engaging in a systematic process of alienating the client.

(5) "Provider" means any individual or business entity that contracts with DHS or with a DHS contractor to provide services to DHS clients. The term "Provider" also includes licensed or certified individuals who provide services to DHS clients under the supervision or direction of a Provider. Where this Code of Conduct states (as in Sections III-VII) that the "Provider" shall comply with certain requirements and not engage in various forms of abuse, neglect, exploitation or maltreatment, the term "Provider" also refers to the Provider's employees, volunteers and subcontractors, and others who act on the Provider's behalf or under the Provider's control or supervision.

(6) "Restraint" means the use of physical force or a mechanical device to restrict an individual's freedom of movement or an individual's normal access to his or her body. "Restraint" also includes the use of a drug that is not standard treatment for the individual and that is used to control the individual's behavior or to restrict the individual's freedom of movement.

(7) "Seclusion" means the involuntary confinement of the individual in a room or an area where the individual is physically prevented from leaving.

(8) "Written agency policy" means written policy established by the Provider. If a written agency policy

contains provisions that are more lenient than the provisions of this Code of Conduct, those provisions must be approved in writing by the DHS Executive Director and the Office of Licensing.

R495-876-5. Definitions of Prohibited Abuse, Neglect, Exploitation, and Maltreatment.

- (1) "Abuse" includes, but is not limited to:
 - (a) Harm or threatened harm, to the physical or emotional health and welfare of a client.
 - (b) Unlawful confinement.
 - (c) Deprivation of life-sustaining treatment.
 - (d) Physical injury, such as contusion of the skin, laceration, malnutrition, burn, fracture of any bone, subdural hematoma, injury to any internal organ, any injury causing bleeding, or any physical condition which imperils a client's health or welfare.
 - (e) Any type of unlawful hitting or corporal punishment.
 - (f) Domestic-violence-related child abuse.
 - (g) Any Sexual abuse and sexual exploitation including but not be limited to:
 - (i) Engaging in sexual intercourse with any client.
 - (ii) Touching the anus or any part of the genitals or otherwise taking indecent liberties with a client, or causing an individual to take indecent liberties with a client, with the intent to arouse or gratify the sexual desire of any person.
 - (iii) Employing, using, persuading, inducing, enticing, or coercing a client to pose in the nude.
 - (iv) Engaging a client as an observer or participation in sexual acts.
 - (v) Employing, using, persuading, inducing, enticing or coercing a client to engage in any sexual or simulated sexual conduct for the purpose of photographing, filming, recording, or displaying in any way the sexual or simulated sexual conduct. This includes displaying, distributing, possessing for the purpose of distribution, or selling material depicting nudity, or engaging in sexual or simulated sexual conduct with a client.
 - (vi) Committing or attempting to commit acts of sodomy or molestation with a client.
- (2) "Neglect" includes but is not limited to:
 - (a) Denial of sufficient nutrition.
 - (b) Denial of sufficient sleep.
 - (c) Denial of sufficient clothing, or bedding.
 - (d) Failure to provide adequate client supervision; including situations where the Provider's employee or volunteer is a sleep or ill on the job, or is impaired due to the use of alcohol or drugs.
 - (e) Failure to provide care and treatment as prescribed by the client's services, program or treatment plan, including the failure to arrange for medical or dental care or treatment as prescribed or as instructed by the client's physician or dentist, unless the client or the Provider obtains a second opinion from another physician or dentist, indicating that the originally-prescribed medical or dental care or treatment is unnecessary.
 - (f) Denial of sufficient shelter, where shelter is part of the services the Provider is responsible for providing to the client.
 - (g) Educational neglect (i.e. willful failure or refusal to make a good faith effort to ensure that a child in the Provider's care or custody receives an appropriate education).
- (3) "Exploitation" will includes but is not limited to:
 - (a) Using a client's property without the client's consent or using a client's property in a way that is contrary to the client's best interests, such as expending a client's funds for the benefit of another.
 - (b) Making unjust or improper use of clients or their resources.
 - (c) Accepting gifts in exchange for preferential treatment of a client or in exchange for services that the Provider is already obliged to provide to the client.
 - (d) Using the labor of a client for personal gain.
 - (e) Using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, except where such use is consistent with standard therapeutic practices and is authorized by DHS policy or the Provider's contract with DHS.
 - (i) Examples:
 - (A) It is not "exploitation" for a foster parent to assign an extra chore to a foster child who has broken a household rule, because the extra chore is reasonable discipline and teaches the child to obey the household rules.
 - (B) It is not "exploitation" to require clients to help serve a meal at a senior center where they receive free meals and are encouraged to socialize with other clients. The meal is a non-monetary compensation, and the interaction with other clients may serve the clients' therapeutic needs.

(C) It is usually "exploitation" to require a client to provide extensive janitorial or household services without pay, unless the services are actually an integral part of the therapeutic program, such as in "clubhouse" type programs that have been approved by DHS.

(4) "Maltreatment" includes but is not limited to:

(a) Physical exercises, such as running laps or performing pushups, except where such exercises are consistent with an individual's service plan and written agency policy and with the individual's health and abilities.

(b) Any form of Restraint or Seclusion used by the Provider for reasons of convenience or to coerce, discipline or retaliate against a client. The Provider may use a Restraint or Seclusion only in emergency situations where such use is necessary to ensure the safety of the client or others and where less restrictive interventions would be ineffective, and only if the use is authorized by the client's service plan and administered by trained authorized personnel. Any use of Restraint or Seclusion must end immediately once the emergency safety situation is resolved. The Provider shall comply with all applicable laws about Restraints or Seclusions, including all federal and state statutes, regulations, rules and policies.

(c) Assignment of unduly physically strenuous or harsh work.

(d) Requiring or forcing the individual to take an uncomfortable position, such as squatting or bending, or requiring or forcing the individual to repeat physical movements as a means of punishment.

(e) Group punishments for misbehaviors of individuals.

(f) Emotional maltreatment, bullying, teasing, provoking or otherwise verbally or physically intimidating or agitating a client.

(g) Denial of any essential program service solely for disciplinary purposes.

(h) Denial of visiting or communication privileges with family or significant others solely for disciplinary purposes.

(i) Requiring the individual to remain silent for long periods of time for the purpose of punishment.

(j) Extensive withholding of emotional response or stimulation.

(k) Denying a current client from entering the client's residence, where such denial is for disciplinary or retaliatory purposes or for any purpose unrelated to the safety of clients or others.

R495-876-6. Provider's Compliance with Conduct Requirements Imposed by Law, Contract or Other Policies.

In addition to complying with this Code of Conduct, the Provider shall comply with all applicable laws (such as statutes, rules and court decisions) and all policies adopted by the DHS Office of Licensing, by the DHS Divisions or Offices whose clients the Provider serves, and by other state and federal agencies that regulate or oversee the Provider's programs. Where the Office of Licensing or another DHS entity has adopted a policy that is more specific or restrictive than this Code of Conduct, that policy shall control. If a statute, rule or policy defines abuse, neglect, exploitation or maltreatment as including conduct that is not expressly included in this Code of Conduct, such conduct shall also constitute a violation of this Code of Conduct. See, e.g., Title 62A, Chapter 3 of the Utah Code (definition of adult abuse) and Title 78A, Chapter 6 and Title 76, Chapter 5 of the Utah Code (definitions of child abuse).

R495-876-7. The Provider's Interactions with DHS Personnel and the Public.

In carrying out all DHS-related business, the Provider shall conduct itself with professionalism and shall treat DHS personnel, the members of the Provider's staff and members of the public courteously and fairly. The Provider shall not engage in criminal conduct or in any fraud or other financial misconduct.

R495-876-8. Sanctions for Non-compliance.

If a Provider or its employee or volunteer fail to comply with this Code of Conduct, DHS may impose appropriate sanctions (such as corrective action, probation, suspension, disbarment from State contracts, and termination of the Provider's license or certification) and may avail itself of all legal and equitable remedies (such as money damages and termination of the Provider's contract). In imposing such sanctions and remedies, DHS shall comply with the Utah Administrative Procedures Act and applicable DHS rules. In appropriate circumstances, DHS shall also report the Provider's misconduct to law enforcement and to the Provider's clients and their families or legal representatives (e.g., a legal guardian). In all cases, DHS shall also report the Provider's misconduct to the licensing authorities, including the DHS Office of Licensing.

R495-876-9. Providers' Duty to Help DHS Protect Clients.

(1) Duty to Protect Clients' Health and Safety. If the Provider becomes aware that a client has been subjected

to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the client's health and safety.

(2) Duty to Report Problems and Cooperate with Investigations. Providers shall document and report any abuse, neglect, exploitation or maltreatment and exploitation as outlined in this Code of Conduct, and they shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies.

(a) Except as provided in subsection(b) below, Providers shall immediately report abuse, neglect, exploitation or maltreatment by contacting the local Regional Office of the appropriate DHS Division or Office. During weekends and on holidays, Providers shall make such reports to the on-call worker of that Regional Office.

(i) Providers shall report any abuse or neglect of disabled or elder adults to the Adult Protective Services intake office of the Division of Aging and Adult Services.

(ii) The Provider shall make all reports and documentation about abuse, neglect, exploitation, and maltreatment available to appropriate DHS personnel and law enforcement upon request.

(b) Providers shall document any client injury (explained or unexplained) that occurs on the Providers' premises or while the client is under the Provider's care and supervision, and the Provider shall report any such injury to supervisory personnel immediately. Providers shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies. If the client's injury is extremely minimal, the Provider has 12 hours to report the injury. The term "extremely minimal" refers to injuries that obviously do not require medical attention (beyond washing a minor wound and applying a band-aid, for example) and which cannot reasonably be expected to benefit from advice or consultation from the supervisory personnel or medical practitioners.

(i) Example: If a foster child falls off a swing and skins her knee slightly, the foster parent shall document the injury and report to the foster care worker within 12 hours.

(ii) Example: If a foster child falls off a swing and sprains or twists her ankle, the foster parent shall document the injury and report it immediately to supervisory personnel because the supervisor may want the child's ankle X-rayed or examined by a physician.

(3) Duty to Report Fatalities and Cooperate in Investigations and Fatality Reviews. If a DHS client dies while receiving services from the Provider, the Provider shall notify the supervising DHS Division or Office immediately and shall cooperate with any investigation into the client's death. In addition, some Providers are subject to the Department of Human Services' Fatality Review Policy. (See the "Eligibility" section of DHS Policy No. 05-02 for a description of the entities subject to the fatality review requirements. A copy of the policy is available at the DHS web site at: <http://www.hspolicy.utah.gov>) If the Provider is subject to the Fatality Review Policy, it shall comply with that policy (including all reporting requirements) and the Provider shall cooperate fully with any fatality reviews and investigations concerning a client death.

(4) Duty to Display DHS Poster. The Provider shall prominently display in each facility a DHS poster that notifies employees of their responsibilities to report violations of this Provider Code of Conduct, and that gives phone numbers for the Regional Office or Intake Office of the relevant DHS Division(s). Notwithstanding the foregoing, if the Provider provides its services in a private home and if the Provider has fewer than three employees or volunteers, the Provider shall maintain this information in a readily-accessible place but it need not actually display the DHS poster. DHS shall annually provide the Provider with a copy of the current DHS poster or it shall make the poster available on the DHS web site: http://www.hspolicy.utah.gov/pdf/poster_provider_code_of_conduct.pdf.

**PROVIDER CODE OF CONDUCT
CERTIFICATE OF UNDERSTANDING AND COMPLIANCE**

(To be signed by all DHS Providers and their employees, volunteers and subcontractors.)

I have read and been provided with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

Signature of Employee/Volunteer/Sub-Contractors Date

Print Name: _____

Signature of Supervisor Date

Print Name: _____



URBAN INDIAN CENTER OF SALT LAKE,
120 WEST 1300 SOUTH
SALT LAKE CITY, UT 84115

The provider shall place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and shall make that file available to DHS upon request.



URBAN INDIAN CENTER OF SALT LAKE ACCESS AND CONFIDENTIALITY AGREEMENT:

Workforce Agreement Select One:

Employee Volunteer Student Other (specify: _____)

1. **Purpose of This Agreement.** This Agreement explains your duties as a member of Urban Indian Center of Salt Lake of Salt Lake (UIC-SL) Workforce regarding Confidential Information, Federal and state laws, UIC-SL funding contracts, rules and regulations, as well as UIC-SL policies, protect Confidential Information. Those laws and policies assure that Confidential Information, which is sensitive and valuable, remains confidential. They also permit you to use Confidential Information only as necessary to accomplish legitimate and approved purposes.

2. **Confidential Information** "Confidential Information" means data proprietary to UIC-SL or other persons or entities and any information that is private, sensitive, confidential, or that must not be disclosed or improperly used because it is privileged, confidential or that UIC-SL has a duty to protect or use properly under law or contract including but not limited to physician and mental health therapist-patient privilege, attorney-client privilege, and cleric privilege. You may learn of or have access to some or all of this Confidential Information through oral communications, paper documents, UIC-SL's computer systems, or through your activities at or with UIC-SL. Confidential Information includes, but is not limited to, information relating to the following:

- A. Clients (e.g., client records, conversations, admittance/service information, client financial information, etc.);
- B. Employees, Board Members, and persons providing volunteer services (e.g., salaries, employment records, disciplinary actions, etc.);
- C. UIC-SL's business (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
- D. Third party information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

AGREEMENT

1. **My Duties.** To qualify to access or use Confidential Information, I agree to comply with the laws and UIC-SL policies governing Confidential Information. My principal duties regarding Confidential Information include, but are not limited to, the following. By signing this Agreement, I promise to:

- A. Safeguard the privacy and security of Confidential Information;
- B. Use Confidential Information only as needed to perform my legitimate responsibilities as a member of UIC-SL's Workforce. This means, among other things, that I will not:
 - (1) Access Confidential Information for which I have no legitimate need to know;
 - (2) Divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of my responsibilities as a member of UIC-SL's Workforce; or
 - (3) Misuse of Confidential Information;
- C. Safeguard, and not disclose, my access code or any other authorization that allows me to access Confidential Information, This means, among other things, that I will:
 - (1) Accept responsibility for all activities undertaken using my access code and other authorization; and
 - (2) Report any suspicion or knowledge that I have that my access code, authorization, or any Confidential Information has been or may be misused or disclosed without UIC-SL's permission my supervisor, HR Director, Executive Director, or Board Chair;
- D. Report activities by any individual or entity that I suspect may compromise the confidentiality of Confidential Information. (Reports made in good faith about suspect activities, as well as the names of the individuals reporting the activities, will be held in confidence to the extent permitted by law.);
- E. Not use, share, or possess Confidential Information after termination of my UIC-SL Workforce status; and
- F. Claim no right of use, possession, interest or ownership in any Confidential Information referred to in this Agreement;

2. **Violation of Duty - Change of Status.** I agree that:

- A. I am responsible for my noncompliance with this Agreement;
- B. If I violate any provision of this Agreement I will be subject to discipline, including but not limited to, dismissal as a member of UIC-SL's Workforce, loss of employment with UIC-SL, termination of my ability to access Confidential Information, and legal liability;
- C. Any violation by me of any provision of this Agreement, either while I am employed or after I am employed, will cause irreparable injury to UIC-SL that would not be adequately compensable in monetary damages alone or through other legal remedies, and will entitle UIC-SL to preliminary and permanent injunctive relief, a temporary restraining order, and other equitable relief in addition to damages and other legal remedies; and
- D. UIC-SL may terminate my access to Confidential Information if my UIC-SL Workforce status changes, UIC-SL determine that to be in the best interests of UIC-SL's mission or I violate any provision of this Agreement.

3. **Continuing Obligations.** I understand that my obligations under this Agreement will continue after termination of my UIC-SL Workforce status.

Name: _____ Date: _____

Signature: _____ Program/Event: _____

Executive Director: _____ Date: _____