



Application for Service

"The best and most beautiful things cannot be seen or touched - they must be felt with the heart." ~Helen Keller ~

Contact Information

Name (Last, First, Middle)			
Street Address			
City ST ZIP Code			
Daytime Phone		(___) ___ - ____	Cell (___) ___ - ____
Evening Phone		(___) ___ - ____	
E-Mail Address			
Occupation		Employer:	
Best way to reach you	Phone:	Email:	Both:

Emergency Contact Information:

How did you hear about Volunteer Connections?

Availability

During which hours are you available for volunteer assignments? Most of the opportunities are 3-4 hours in duration. If you prefer shorter or longer hours, we can accommodate your schedule. Please fill in available days and hours below.

Monday

Tuesday

Wednesday

Thursday

Friday

Interests and Passion

Tell us in which areas interest you and what your passion is in a volunteer experience.

- | | |
|--|--|
| <input type="checkbox"/> Workforce Workshop Facilitator (Community Resources) | <input type="checkbox"/> Horticulture/Gardening (CSU Ext. Office) |
| <input type="checkbox"/> Events and FUN – <i>Raising</i> (Volunteer Connections) | <input type="checkbox"/> Working with youth (CSU Ext. Office) |
| <input type="checkbox"/> Wellness Instructors (Senior Resources) | <input type="checkbox"/> Working with older adults (Senior Resources) |
| <input type="checkbox"/> Mentoring Youth Program (Human Services) | <input type="checkbox"/> Election Judges (paid volunteers) |
| <input type="checkbox"/> Court Notification Calling Program (Sheriff's Office) | <input type="checkbox"/> Office Work e.g. Administrative/Financial |
| <input type="checkbox"/> Translators (Sherriff and Judicial Services) | <input type="checkbox"/> Veterans Services Office |
| <input type="checkbox"/> Open Space (Adopt an Area) | <input type="checkbox"/> 50+ and Fabulous Coaches (A/D Works) |
| <input type="checkbox"/> Working with Legal System (Judicial Services) | <input type="checkbox"/> Community Resources Ambassadors |

Volunteer Recognition

Arapahoe County believes in volunteer recognition. Many people have preferences and requests as it relates to personal recognition. Please describe your preferences in how you like receiving recognition, e.g. thank you card, group luncheon, award plaque, gift certificate, etc.

Please List Three References with Phone Numbers:

- 1.
- 2.
- 3.

Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Attach your resume for more specifics. *(If space is needed, please continue on back side of this page)*

Arapahoe County Policies

It is the policy of Arapahoe County to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Arapahoe County Employees may volunteer to serve in Volunteer Connections long as their activities do not directly relate to their County job, except as specifically provided by County Resolution.

VOLUNTEER NOTIFICATION

The purpose of this Notification is to make you aware that the County will **not** provide or pay for medical treatment for physical injuries to volunteers, which occur within the scope and course of their volunteer activities. Further, because volunteers do **not** work for the County as employees, they are **not** covered under the County's Worker's Compensation insurance. The County therefore, cannot provide lost wages or permanent disability benefits for the volunteer's regular employment.

Agreement and Signature

*I fully understand and agree to provide my services to Arapahoe County as a volunteer in a volunteer capacity. I fully understand that I will **not** be entitled to Worker's Compensation Benefits in my capacity as a volunteer with Arapahoe County. I fully understand that the County will **not** provide or pay for medical treatment for injuries which occur within the scope and course of my volunteer activities. I fully understand and agree that vehicle insurance for my personal automobile is my responsibility should I drive in my capacity as a volunteer for Arapahoe County.*

By submitting this application for service, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application and the following three forms, and for your interest in volunteering with Arapahoe County!



Please return completed application to:
Arapahoe County Volunteer Connections
1690 West Littleton Blvd., Suite 300
Littleton, CO 80120
Fax: 303-738-8099



Waiver and Authorization for Background Investigation

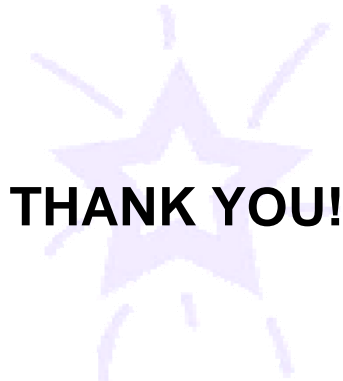
In consideration of the application of Volunteer with Arapahoe County government and Volunteer Connections, I, _____, do by these presents release the County of Arapahoe, its public officials, agents, servants, employees and all persons of organizations supplying information from any and all liability, claims, demands, actions and cause for action which may hereafter have on account of any and all injuries and damages to me arising out of or related to investigation of my application or background or criminal history check, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said persons, and agree to forever hold them harmless from any such liability, claims, demands, actions or cause of action.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Arapahoe County Human Resources Department, whether said records are of a public, private or confidential nature.

I hereby certify that all statements in the application have been answered truthfully and to the best of my knowledge, and I understand any false answers or deceit will be basis for DENIAL OF THIS REQUEST.

Volunteer Signature

Date



THANK YOU!



Community Resources Department
Administrative Division
1690 Littleton Blvd., Suite 300
Littleton, CO 80120-5707

General Release

The undersigned in exchange for the opportunity to participate in Arapahoe County's Volunteer Connections program, does hereby and forever release and discharge Arapahoe County and any sponsoring partners of Volunteer Connections, and each of their affiliates and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities, or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury, or any loss or damage to property, in any way resulting from or otherwise relating to the undersigned participation as a volunteer in the Volunteer Connections program.

The undersigned further agrees that Arapahoe County and Volunteer Connections may photograph, televise, and videotape the undersigned in conjunction with activities associated with Arapahoe County government and Volunteer Connections for program image advertising in a non-commercial use, including but not limited to promotion, the broadcast and/or news coverage of Volunteer Connections activities.

By signing this form, the undersigned acknowledges having read the 2010 Volunteer Application, including the General Release, and agrees to abide by all policies, rules and guidelines set forth by Arapahoe County and Volunteer Connections. Further, the undersigned is aware of and understands the nature of the volunteer positions and their requirements and conditions.

Printed Name

Volunteer signature or parent/guardian if less than 18 years old

Date

THANK YOU!



Community Resources Department
Administrative Services Division
1690 Littleton Blvd., Suite 300
Littleton, CO 80120-5707

Release and Authorization

I _____ in connection with my application for volunteering at Arapahoe County, hereby authorize Arapahoe County and Screening One, Inc. to perform a pre-volunteer background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of Arapahoe County as a sound business practice, but also for the benefit of all volunteers. It is no reflection on a volunteer. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to Arapahoe County for volunteer decisions only. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize any individuals, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Arapahoe County or Screening One.
5. I further release all of the above, including Arapahoe County and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date ____/____/____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Reference Numbers: 106010100 11858000 15307000 153070861 153070863

_____ Last Name	_____ First Name	_____ Middle Name	_____-_____-_____ Social Security Number
____/____/____ Date of Birth	_____ Former Names:	_____ Date of Name Change	
_____ Name on Drivers License	_____ Driver's License or I.D. Number	_____ State of Issue	

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS, INCLUDING ZIP CODES

CURRENT: _____

FORMER: _____

FORMER: _____

FORMER: _____

FORMER: _____

FORMER: _____

FORMER: _____

May we contact your current employer? Yes____ No____

DISCLOSURE

For the benefit of Arapahoe County employees and volunteers, Arapahoe County has a policy of conducting pre-volunteering background screening on volunteer candidates as a condition of volunteering. This policy is a business practice that protects everyone by helping to promote a safe workplace. All volunteer inquiries are limited to information that affects volunteer performance and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). The screening will be conducted by ScreeningOne, Inc., an outside agency. Arapahoe County may obtain a consumer credit report and/or an investigative consumer report on you as an applicant or during the course of volunteering.

1. The report consists of information deemed to have a bearing on volunteer performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Arapahoe County or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190th Street, Torrance, CA 90504.

3. In using a report for volunteer purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c)(3).

I, _____, hereby consent and authorize Arapahoe County and/or
(PRINT YOUR NAME)

Screening One, Inc. on the volunteer's behalf, to prepare each report as defined above for volunteer purposes before volunteering or anytime after volunteering.

DATE _____

SIGNATURE _____

PRINT NAME _____