



2016 City of Loveland Volunteer Application

Volunteer Program, 500 E 3rd Street, Suite #220, Loveland CO 80537
970.962.2363 volunteers@cityofloveland.org

My Information

Full Name: _____
First Middle Last

Address: _____
Street Address

City ZIP Code

Day Phone: _____ Evening Phone: _____

Birth Date: _____ E-mail Address: _____

Are you a City of Loveland Employee? Yes No

My Interests

- Snow Squad* # of households to assist: _____
- Youth Athletic Coach* Which sport? _____
- Other Program or Interest Please specify: _____

*You must complete the Disclosure Form on next page to apply for these positions.

My Availability

How many hours are you available per week or month? _____
What days of the week are you available? _____
Are you interested in a short project or ongoing work? _____
Do you have any physical restrictions that we need to accommodate? _____

Emergency Contact Information

First Last Phone Number Relationship

Acknowledgement and Release

I acknowledge that the City of Loveland (City) is authorized to make any investigation regarding employment, volunteer or other history of any volunteer applicant. In the event that I am placed as a volunteer with the City, I agree to comply with all of its rules and regulations including without limitation the City Administrative Regulations posted on the Volunteer internet page and any rules specific to the program for which I volunteer. I understand that each volunteer is covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and accept this as the limit of City liability while I perform or my minor child/ward performs as a volunteer with the City. I understand that no volunteer in the Volunteer Program is insured by Workers' Compensation insurance. I acknowledge that there are dangers and risks associated with participation in the Volunteer Program and assume such dangers and risks, and any related injury, damage or loss for myself and/or my minor child/ward. In the event of an emergency, I authorize the City to secure medical treatment for my own or my minor child's/ward's immediate care, and agree to be responsible for payment of any medical services rendered. To the extent permitted by law, I hereby release and agree to indemnify the City, its officers, employees, and agents and any landowner upon whose property any Volunteer Program activities occur from any claims, demands, actions, damages and liability whatsoever, including without limitation any claims of personal injury and property damage arising from participation in the Volunteer Program by me or my minor child/ward. The City has my permission to use my image and/or the image of my minor child/ward for public relations purposes, unless I provide direction otherwise in writing. I certify that all statements on this application are true and complete and that I have read and understand this Acknowledgement and Release. I understand that false statements on this application shall be considered sufficient reason for termination of volunteer placement. A minor's signature must be accompanied by the signature of the parent or guardian.

Signature Required

Signature of volunteer or parent if under 18 Date

Print Name:

VOLUNTEER DISCLOSURE FORM

In connection with your volunteer application, we may procure one or more of the following reports: **Fingerprinting, Motor Vehicle Record Check, Criminal History, Credit History** as part of the process of considering your candidacy. Appropriate City of Loveland personnel are allowed to check the following records periodically during the course of your placement: In the event information from the report(s) is utilized, in whole or in part, in making an adverse decision with regard to your service as a volunteer, the City will provide you with a copy of the report as allowed by law and a description in writing of your rights under the Federal Fair Credit Reporting Act. I authorize the City to obtain the necessary report(s) in order to consider me for the volunteer position I have applied for, and for subsequent checks as a volunteer for the City of Loveland. By signing below, you agree that the City is not liable for actions taken according to reports secured. Information will be shared on a need-to-know basis or as required or permitted by law.

Full Name: _____
First Middle Name Required Last

Social Security Number: _____ Birth Date: _____
Required for background check

Driver's License Number: _____ Driver's License Issuing State: _____

List all states you have lived during the past five (5) years: _____
State City County

_____ *State City County*

Statement of Criminal History

For the purposes of this affidavit, a person is deemed to be convicted of committing a felony or misdemeanor if such person has been convicted under the laws of the State or Colorado, or under the laws of another state, the United States, or any territory subject to the jurisdiction of the United States, of an unlawful act which, if committed within the State of Colorado, would be a felony or misdemeanor. The term convicted means being found guilty by a jury or a judge, and also includes the forfeiture of any bail, bond, other security deposited to secure the appearance by a person charged with a felony or misdemeanor, the payment of a fine, a plea of "no contest", and the imposition of a deferred or suspended sentence by the court. (Exception: Convictions prior to 18th birthday need only be provided if not considered by law to be confidential, i.e. weapons offenses or Class 1, 2, 3, or 4 felonies.)

Have you ever been convicted of a felony or misdemeanor or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? YES NO

Complete if applicable:

_____ *Date of Conviction Court Offense*

_____ *Date of Conviction Court Offense*

I agree to notify the City of Loveland immediately in the event I am convicted of any such felony or misdemeanor during my service with the City. YES NO

I have fully read and understand the information above. I have been provided an opportunity to ask questions about any information I don't understand and I have answered the questions in this statement fully and truthfully.

Signature Required

Signature of volunteer or parent if under 18.

Date

Volunteer Program Office use only

Background check:

MVR check: