



CITY OF FRUITA VOLUNTEER APPLICATION

* All spaces on this application must be completed, and it must be signed and dated.*

VOLUNTEER INFORMATION			
Name: (Last)	(First)	(Middle)	Social Security Number:
Street Address:		Date of Birth:	
City, State, and Zip Code:			
Phone Number: (Home)	(Work)	Driver's License Number:	

VOLUNTEER INTEREST
What will you be volunteering for?
List below any areas interested and skills which may relate to your area of volunteer interest:

BACKGROUND
How long have you lived in Colorado? _____ If less than one year, please list your previous address and how long you lived there.
*If the person has lived in Colorado for less than one year at the time of their application, the City will conduct additional background investigations in the state where the applicant previously resided. The City will conduct background investigations on returning volunteers on an annual basis.
*Persons under the age of 18 years shall provide two adult, non-relative references for consideration by the City. Appropriate references may include teachers, neighbors, or previous or current employers.
Have you ever been charged with a crime that resulted in an adjudication of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list for each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition.
*The City may reject a volunteer applicant or discharge a volunteer if a background investigation reveals an arrest, conviction or pending charges.
Have you ever been involved in an incident involving child/elder abuse or child/elder neglect? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain below:
Has your driver's license ever been suspended or revoked, or have you ever been denied a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain below:

WORK EXPERIENCE		
Name of Organization:	Address:	
Dates of Employment:	Supervisor's Name:	Phone Number:
Duties:		

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Dates of Employment:	Supervisor's Name:	Phone Number:
Duties:		

REFERENCES	
Persons under the age of 18 years shall provide two adult, non-relative references	
Name:	Relationship:
Phone Number:	Duties:
Name:	Relationship:
Phone Number:	Duties:

EMERGENCY CONTACT INFORMATION	
Name:	Relationship:
Phone Numbers: Home:	Work:
Name:	Relationship:
Phone Numbers: Home:	Work:

SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION, AND RELEASE OF LIABILITY	
<p>I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, criminal justice agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Fruita.</p> <p>In the event that I am selected to become a volunteer for the City of Fruita, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Fruita as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided.</p> <p>I understand that I am NOT insured by the City of Fruita Worker's Compensation Insurance and NOT covered by any Accident Medical Insurance Policy while I am a volunteer with the City of Fruita. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.</p> <p>I hereby release the City of Fruita, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program. I grant full permission to use any photographers, videotapes, recording or any other record of this program for any purpose.</p> <p>The City will provide any applicant or volunteer who is rejected or discharged as a result of any background investigation information on how to obtain the report and contact information for the reporting agency. Determinations to reject an applicant or discharge a volunteer as a result of the criminal background investigation report are final.</p> <p>*The City may reject a volunteer applicant or discharge a volunteer for any reason or no reason at all.</p>	
BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:	
VOLUNTEER'S SIGNATURE:	DATE:
If Volunteer is Under 18, Signature of Parent/Guardian:	DATE:

VOLUNTEER ACCIDENT MEDICAL PLAN REGISTRATION
For Volunteers and Community Service Workers

PARTICIPANT'S NAME: _____

COMMUNITY SERVICE WORKER (Y/N): _____ VOLUNTEER (Y/N): _____

POSITION OR ACTIVITY: _____

APPROXIMATE NUMBER OF HOURS PER DAY OR WEEK PER VOLUNTEER: _____

DATE(s) OF SERVICE: _____

DESCRIPTION OF DUTIES: _____

Entity Information
Entity:
Name of Contact:
Department/Program Name:
Phone Number: