



Application for Volunteer Position
Adaptive Recreation Opportunities Volunteer
City of Fort Collins Recreation Office
214 N Howes
Fort Collins, CO 80521

Orientation Date _____



INSTRUCTIONS: Each question should be fully and accurately answered. Please print or type, except for required signatures.

VOLUNTEER APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Contact Information

Home _____ Cell _____ Other _____

Email _____

How did you learn about ARO Volunteering Opportunities? *Please circle and list location/names below.*

ARO Flyer	Volunteer Resource Guide	Friend _____
ARO Website	First Call 2-1-1	Group _____
Other Website _____	SLCE at CSU	Other _____

Why are you interested in volunteering with ARO?

What type of volunteer assignments are you interested in? *Check all that apply*

- Ongoing
- Short-term (dates available _____)
- One-time (event of interest _____)
- Specific # hours (please list hours needed _____ & reason for hours _____)

If you are applying for a volunteer position which requires driving, do you possess a valid driver's license? yes no If yes, License # and State: _____
 (ARO will not ask volunteers to drive unless they have been trained, such as interns)

Have you volunteered for the City of Fort Collins before? yes no
 If yes, please list Department, responsibilities and approximate dates: _____

Have you ever been arrested for or convicted of a felony or misdemeanor (other than a minor traffic offense that resulted only in a fine)? yes no
 If yes, please state the offense(s) you were arrested for or convicted of and explain the date, location, nature and facts surrounding each offense. Use an attachment sheet if necessary.

EMPLOYMENT AND VOLUNTEER HISTORY

Your experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous paid and volunteer experiences. List present or most recent experiences first including the name of your supervisor and a telephone number.

Name of Business or Organization: _____

Address of Business or Organization: _____

Name of Supervisor: _____ Telephone No. _____

Responsibilities: _____

Worked with them from: _____ to: _____

Paid Employment? yes no Volunteer Work? yes no

Name of Business or Organization: _____

Address of Business or Organization: _____

Name of Supervisor: _____ Telephone No. _____

Responsibilities: _____

Worked with them from: _____ to: _____

Paid Employment? yes no Volunteer Work? yes no

Name of Business or Organization: _____

Address of Business or Organization: _____

Name of Supervisor: _____ Telephone No. _____

Responsibilities: _____

Worked with them from: _____ to: _____

Paid Employment? yes no Volunteer Work? yes no

EDUCATION, VOCATIONAL, TECHNICAL OR MILITARY TRAINING

Education/ Major

Therapeutic Recreation
Occupational Therapy if OT please check: Pre-OT Graduate School
Health & Exercise Science
Other _____

Certifications:

CTRS
OTR
WSI/Swim Instructor
Personal Trainer list organization _____
Coaching Certified list organization _____
Other _____

Additional skills: _____

Computer? _____

Heavy equipment? _____

Office equipment? _____

Additional Information? (ex: previous experience working with this population.)

Applications are considered for volunteer positions for which they have applied without regard to race, religion, sex, age, national origin, disability and other characteristics protected by law.

CERTIFICATION & RELEASE

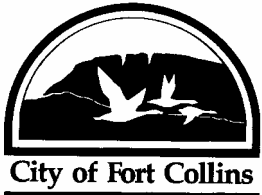
I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, volunteer programs, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, volunteer programs, references, institutions, agencies and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I have started volunteer activities.

I understand that nothing in this volunteer application, in the City's statement of personnel policies or in my communication with any City employee or official is intended to create an employment contract between the City and me. Accordingly, either I or the city may terminate my volunteer status at-will at any time with or without cause or notice. I understand that the at-will nature of the volunteer relationship can only be changed in a specific writing signed by the Director of Human Resources. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the City.

I understand that successful completion of a background check is a qualification to work in certain programs. I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Signature: _____ Date: _____



RECREATION-
it's for life!

**City of Fort Collins Recreation Division
Adaptive Recreation Opportunities**

Volunteer/Intern/Staff Confidentiality Agreement

I _____, affirm that I will hold in confidence the identities of persons with disabilities and their client service records as such and will divulge such information, orally or in writing, only to those whose duties require them to have a “need to know”. I agree to conform to the City of Fort Collins’ requirements about the marketing, control, transmission, reproduction, handling, storage and destruction of such information.

I acknowledge that I have been given a copy of the City of Fort Collins Adaptive Recreation programs policy and procedures. I agree to contact CTRS, staff, or a leader whenever a question about confidentiality arises.

Signature

Date

Please Print:

Name: _____

Circle one:

Volunteer

Intern

Staff

Witness

Date

Dept _____ Contact _____ Phone _____ Date _____

Classified _____ Unclassified Mgmt _____ Contractual _____ Hourly _____ Volunteer _____

Provided Summary of Rights under the Fair Credit Reporting Act _____ Reference # _____

DISCLOSURE TO EMPLOYMENT/VOLUNTEER APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your application for employment/volunteer status, the City of Fort Collins may procure a consumer report/criminal history on you as part of the process of considering your candidacy as an employee/volunteer. The investigation conducted in conjunction with the report may include an investigation of your personal employment/volunteer history, education, financial, and credit records, public records concerning your driving record, civil and criminal court records, county, state and federal tax liens, notices of default and bankruptcies, and other records as may be appropriate. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment/volunteer status, before making the adverse decision, the City will attempt to provide you with a copy of the consumer report/criminal history and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A copy of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT is attached to this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment/volunteer status.

Applicant's Name: _____ Date of Birth: _____

Applicant's Address: _____

City/State/Zip: _____

Signature: _____ Social Security #: _____

Other Names Used in the Last Seven (7) years: _____

Parent Signature (if applicant is under 18 years of age) _____

Previous Out-of-State Address(es) in the Past Seven (7) years:

1. _____
Address City County State Zip Code

2. _____
Address City County State Zip Code

Please list any additional addresses on the back of this page.

Give this disclosure with a copy of *A Summary of Rights Under the Fair Credit Reporting Act* to applicant. Retain a copy of the release for your files.

For HR Use Only

Provided Bureau Results to _____ Date _____ Okay to Hire _____ Initials _____

Comments _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u at the Federal Trade Commission's web site <http://www.ftc.gov>. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051