



**Application for Volunteer Position
Adaptive Recreation Opportunities
215 North Mason Street – 3rd Floor
PO Box 580
Fort Collins, CO 80522**

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 convicted of or received a deferred sentence, deferred judgment, or a deferred prosecution for a petty offense, misdemeanor traffic offense, (excluding civil traffic infractions), municipal code violation (excluding civil traffic infractions), misdemeanor, or felony, or been adjudicated as a juvenile for an offense that is public record? 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 on the back of this sheet. 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.

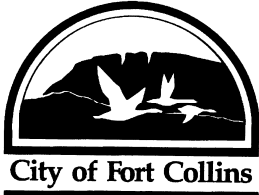
I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I have started volunteer activities.

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