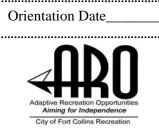


Application for Volunteer Position Adaptive Recreation Opportunities 215 North Mason Street – 3rd Floor PO Box 580 Fort Collins, CO 80522



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		
	t ARO Volunteering Opportunities? Ple	ase circle and list location/names
<i>below.</i> ARO Flyer	Volunteer Resource Guide	Friend
ARO Website	First Call 2-1-1	Group
Other Website	SLCE at CSU	Other
Why are you interested i	n volunteering with ARO?	
What type of volunteer a	assignments are you interested in? Check	k all that apply
Ongoing \mathcal{O} Short-term \mathcal{O} (dates ave	nilable)	
Short-term O (dates ava	nilable) of interest) olease list hours needed & reason	

license? O yes O 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? O yes O 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? O yes O 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.

EDUCATION, VOCATIONAL, TECHNICAL OR MILITARY TRAINING

Education/ Major	
Therapeutic Recreation O	
Occupational Therapy O if OT please check: Pre-OTO Graduate School O	
Health & Exercise Science O	
Other O	
Certifications:	
CTRS O	
OTR O	
WSI/Swim Instructor O	
Personal Trainer O list organization	
Coaching Certified O 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: _____