



Natural Areas Program
PO Box 580
Fort Collins, CO 80521
970.416-2480
970-416-2211 – fax
sschafer@fcgov.com
fcgov.com/naturalareas

2010 Volunteer Application for City of Fort Collins Natural Areas Program

Please print or type
Name(of main contact person):_____

Address:_____ Zip_____

Telephone Number:_____ (home)_____ (business)

Email: _____

Are you 18 or older? Yes No If no, please provide date of birth:_____

Group's Name (if applicable):_____

How many participants in group?_____

How did you hear about this volunteer program?_____

Please check the job(s) you are interested in:

- Master Naturalist Master Naturalist Assistant Volunteer Ranger Assistant Adopter
- Frog Survey Office Assistant/Resource Room Nix Garden Scout Project Group
- Litter Clean up Other—please list:_____

Have you volunteered for the City of Fort Collins before? yes no

If yes, please list department, responsibilities and approximate dates:

Please circle all that apply:

I am mostly available to volunteer: weekdays weekends and evenings

Special Interest

- Birds Insects Reptiles/Amphibians Mammals Plants/gardening
- Habitats Other, please specify_____

Details (please provide details about any special skills you have):

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. Attach an additional sheet if necessary.

Do you have education, vocational, technical or military training that is relevant to the position for which you are applying?

Additional skills: _____

Additional Information:

Applicants 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: _____

Parental Consent for Applicants Under 18 Years of Age

As the parent or guardian of the above volunteer applicant, I hereby consent to his/her participation as a volunteer for the City of Fort Collins.

Printed Name of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Phone _____

Parent or Guardian's Address _____

Office Use Only:

___ References Checked

___ Release Signed

___ Interview Complete

Notes: