Lakewood Recreation

VOLUNTEER APPLICATION

Thank you for your interest in the City of Lakewood Volunteer Program. Whether you are interested in volunteering on a regular basis or for special events, there is an opportunity waiting for you. You can check out our website at **www.Lakewood.org/Volunteer** for more information on all volunteer positions.

A background check is required for City of Lakewood volunteer positions if the volunteers work with vulnerable populations, e.g., children, seniors, individuals with disabilities. *The background check form must be notarized.*

Please return the application to the appropriate program area supervisor. You may also send your completed application & background check (keep a copy for your records) to: City of Lakewood Attn: Recreation Volunteer Program • 2200 South Kipling Street, Lakewood, CO 80227

Name _____ Phone _____

Address _____ City_____ Zip _____

E-mail _____

Emergency Contact_____ Emergency Phone _____

In what area would you like to Volunteer?

Recreation

- ☐ Youth & Adults with Disabilities
- ☐ Summer Camp for Kids with Disabilities
- ☐ Unified Sports League
- ☐ Youth Sports Programs
- ☐ Older Adult Wellness Programs
- ☐ Fitness
- ☐ Other_____

What specific program were you looking to volunteer with? Please include any relevant information like practice days, practice times, age groups, or event dates: _____

_____

_____

Recreation Volunteer Waiver

I FURTHER UNDERSTAND THAT I WILL NOT RECEIVE ANY TYPE OF COMPENSATION FOR MY VOLUNTEER SERVICES AND THAT I AM NOT COVERED UNDER THE CITY OFLAKEWOOD'S WORKERS' COMPENSATION PROGRAM SHOULD I SUFFER ANY TYPE OF ILLNESS OR INJURY. THE CITY OF LAKEWOOD CAN SEPARATE FROM MYSELF AND MY VOLUNTEER SERVICES AT ANY TIME AT THE DISCRETION OF THE VOLUNTEER SUPERVISOR BASED ON VIOLATION OF PROGRAM POLICIES AND/OR PROCEDURES OR INABILITY TO COMPLETE THE VOLUNTEER TASK THAT HAS BEEN ASSIGNED IN COMPLIANCE WITH SPECIFIC PROGRAM EXPECTATIONS.

_____ _____

Volunteer Signature *Date*

CITY OF LAKEWOOD

RELEASE OF INFORMATION

PLEASE COMPLETE ALL FIELDS
PRINT CLEARLY

Name (*First, Middle, Last*):			

The following information is required to ensure your suitability for employment/volunteering/contracting with the City of Lakewood. It will be used to conduct a background check of your criminal conviction history, driving history records (if applicable to position), as well as an investigation into your previous employment. Please note: Many positions require a credit check and/or a check of current and past civil (in rare instances) cases, e.g., positions in the Finance Department. You will be contacted if any other information is needed or we need to conduct a credit check. Special note: Positions in the Police Department, City Attorney's Office and Municipal Courts also require checks of arrest records.

Background checks are done through consumer reporting agencies that include the National Sex Offender Public Registry. Some departments, e.g., Police, Municipal Court and City Attorney's Office, use the National Crime Information Center and Colorado Crime Information Center.

List all other names under which you have been known (*including the dates the names were applicable***):**

Dates	Names
Date of birth (mm/dd/year):	**SSN:**
Current Address:	
Phone:	**E-Mail:**
Driver's License number (if a driving position):	**Issuing State:**
Sex:	**Race:**

Have you ever been convicted of any criminal action? ☐ Yes ☐ No

If yes, please give details (when, type of conviction, was conviction a misdemeanor or a felony, court location and jurisdiction. Please explain the circumstances. Use an additional sheet, if needed.) ***Convictions will not necessarily preclude you from employment/volunteering/contracting. However, the City of Lakewood may contact the jurisdiction regarding the criminal action noted.***

If you are applying for a position with the City's Police Department, City Attorney's Office or Municipal Courts please list any arrests and include the circumstances.

(Continued on the reverse of this form)

******THIS FORM WILL NOT BE ACCEPTED UNLESS NOTARIZED******

I authorize you to release any and all information to the City of Lakewood including, but not limited to, employment histories, work evaluations, criminal arrests when applicable and based on position, convictions (including felonies, misdemeanors, and traffic offenses), and where applicable, credit checks and civil (in rare instances) case information. In this regard, please consider this letter as my waiver of any rights I may have enjoyed to privileged communications with you. **I understand my future and/or continued employment/volunteering/contracting with the City of Lakewood is contingent upon the results of this background check. The results of this background check must: a) be consistent with application information given; and b) not be in conflict with City standards for this position.**

Signature: _____ Date: _____

This document has been subscribed and affirmed, or sworn to, before me in the County of Jefferson, State of Colorado, this _____ day of _____(month), 20_____(year).

_____

Notary Signature and Seal

Commission Expiration Date _____

REQUESTING SUPERVISOR INTERNAL USE ONLY		
Supervisor:	**Department:**	**Extension:**
Position title:		**Driving position:** ☐ **Yes** ☐ **No**
Contracting Co Name:		
Position status: ☐ Regular Employee ☐ Temporary Employee ☐ Volunteer ☐ Work with a contracting Agency ☐ Independent Contractor		

EMPLOYEE RELATIONS INTERNAL USE ONLY		**Date stamp**
Choice Screening ☐ Yes ☐ No By:		
Reviewed by:	Clear: ☐ Yes ☐ No	
PD/Fingerprints: ☐ Yes ☐ No		
Notes:		

Alternate formats of this document available upon request