



Lakewood

CONGREGATE MEAL SITE APPLICATION

Thank you for your interest in the City of Lakewood Volunteer Meal Site Program. A background check is required for specific City of Lakewood volunteer positions where the volunteer works with vulnerable populations, e.g., children, seniors, individuals with disabilities.

Please complete and sign the application and email it to Kmlynar@lakewood.org

Date _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

E-Mail _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

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 OF LAKEWOOD'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)			
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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)

Date	Name

Birth Date:	SSN:	
Current Address	City and State	Zip Code
Phone	E-Mail:	
Driver's License Number (if driving position):	Issuing State:	
Sex:	Race	

Have you ever been convicted of any criminal action?	
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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.

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. The person identifying information on this document will be checked against a government issued photo ID. Falsification of this information will lead to termination, or disqualification of employment.**

Signature: _____ Date: _____

Hiring Supervisor Must Fill Out:

Supervisor:		Department		Extension	
Hiring Position Title:				Driving Position:	
Contracting Co Name:				Physical Required:	
Position Status:				End of Assignment:	
If this is a background for a contractor, please provide an account #:					
Job Code:					

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

Fair Credit Reporting Act Disclosure

City of Lakewood, including its parents, subsidiaries, affiliates, and agents may obtain a consumer report on you for employment purposes. This report may be in the form of a consumer report and/or an "investigative consumer report." An investigative consumer report includes information as to your character, general reputation, personal characteristics and mode of living. You have a right to request disclosure of the nature and scope of an investigative consumer report, which may involve personal interviews with sources such as your neighbors, friends, or associates.

These reports may be obtained at any time after the CITY OF LAKEWOOD receives authorization from you, including any time during the period of your employment if the CITY OF LAKEWOOD hires you or if you already work for the CITY OF LAKEWOOD.

CHOICE SCREENING, or another consumer reporting agency, will obtain the reports on you.

Authorization

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act. I hereby authorize the CITY OF LAKEWOOD or its authorized agents, for employment purposes, to obtain or prepare consumer report(s) and investigative consumer report(s) at any time after the CITY OF LAKEWOOD receives this authorization, including any time that I may be employed by the CITY OF LAKEWOOD.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by CHOICE SCREENING or other consumer reporting agencies or the CITY OF LAKEWOOD.

Applicant/Employee Name (Printed): _____ **Date:** _____

Applicant/Employee Signature:
