



# City of Louisville Volunteer Application

Library Staff Name:	
DATES	
Rcvd:	To Staff:
To HR:	Apprvd:

\* All spaces on this application must be completed, and it must be signed and dated.\*

Volunteer Information			
Name: (Last)	(First)	(Middle)	Social Security Number:
Date of Birth:			
Street Address:		City, State, and Zip Code:	
Phone Numbers: (Home)	(Work)	Driver's License Number:	
E-mail address:			

Volunteer Area of Interest
What would you like to volunteer for?
List below any areas interested and skills which may relate to your area of volunteer interest:

Background															
How long have you lived in Colorado? _____ (years) _____ (months)															
If less than one year, please provide your previous address and how long you lived there.															
Address: _____ How long? _____															
* If the person has lived in Colorado for less than one year at the time of their application, the City will conduct additional background investigations in the state where the applicant previously resided. The City will conduct background investigations on returning volunteers on an annual basis.															
* Persons under the age of 18 years shall provide two adult, non-relative references for consideration by the City. Appropriate references may include teachers, neighbors, or previous or current employers.															
Have you ever been charged with a crime that resulted in a plea of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO															
If YES, list for each conviction the following:															
<table border="1"> <thead> <tr> <th>Date of Offense</th> <th>Charge</th> <th>Jurisdiction</th> <th>Court Name</th> <th>Disposition</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date of Offense	Charge	Jurisdiction	Court Name	Disposition										
Date of Offense	Charge	Jurisdiction	Court Name	Disposition											
* The City may reject a volunteer applicant or discharge a volunteer if a background investigation reveals an arrest, conviction, or pending charges.															
Have you ever been involved in an incident involving child/elder abuse or child/elder neglect? <input type="checkbox"/> YES <input type="checkbox"/> NO															
If YES, please explain below:															

Work Experience		
Name of Organization:	Address:	
Dates of Employment:	Supervisor's Name:	Phone Number:
Duties:		

(Work Experience - continued)

Name of Organization:

Address:

Dates of Employment:

Supervisor's Name:

Phone Number:

Duties:

### References

\* Persons under the age of 18 years shall provide two adult, non-relative references \*

Name:

Relationship:

Phone Number:

Duties:

Name:

Relationship:

Phone Number:

Duties:

### Emergency Contact Information

Name:

Relationship:

Phone Numbers: (Home)

(Work)

(Cell)

Name:

Relationship:

Phone Numbers: (Home)

(Work)

(Cell)

### Signature, Certification, Release of Information, and Release of Liability

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Louisville.

In the event that I am selected to become a volunteer for the City of Louisville, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Louisville as a volunteer in a voluntary capacity, and that I will receive no compensation or benefits for services provided.

I understand that I am NOT insured by the City of Louisville Worker's Compensation Insurance and NOT covered by any Accident Medical Insurance Policy while I am a volunteer with the City of Louisville. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I hereby release the City of Louisville, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program. I grant full permission to use any photographs, videotapes, recording, or any other record of this program for any purpose.

**BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:**

X

Volunteer's Signature:

Date:

X

If volunteer is under 18, Signature of Parent/Guardian:

Date: