



## VOLUNTEER / INTERN APPLICATION (Revised October 2012)

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

Questions: Call 303-335-4722 or email [Lesler@louisvilleco.gov](mailto:Lesler@louisvilleco.gov)

### VOLUNTEER / INTERN INFORMATION

|                                  |                                         |                                    |
|----------------------------------|-----------------------------------------|------------------------------------|
| Name: (Last) (First) (Middle)    | <del>Social Security # (Required)</del> | Date of Birth:                     |
| Street Address:                  |                                         | City, State, and Zip Code:         |
| Phone Number: (Home) (Work/Cell) | Email:                                  | <del>Driver's License Number</del> |

### INTEREST

What Volunteer / Intern Opportunity/Program(s) would you like to participate in or are interested in?

Reading Buddies

List below any skills which may relate to your area of interest:

### BACKGROUND

How long have you lived in Colorado? NA If less than one year, please list your previous address and how long you lived there.

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 every two years.

\*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 an adjudication of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)?

YES NO If yes, list for each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition.

\*The City may reject a volunteer/intern applicant or discharge a volunteer/intern 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?

YES NO If Yes, please explain below:

Has your driver's license ever been suspended or revoked, or have you ever been denied a driver's license?

YES NO If Yes, please explain below:

### WORK EXPERIENCE

Optional

|                       |                    |               |
|-----------------------|--------------------|---------------|
| Name of Organization: | Address:           |               |
| Dates of Employment:  | Supervisor's Name: | Phone Number: |
| Duties:               |                    |               |
| Name of Organization: | Address:           |               |

|                      |                    |               |
|----------------------|--------------------|---------------|
| Dates of Employment: | Supervisor's Name: | Phone Number: |
| Duties:              |                    |               |

|                                                                                             |                              |                   |  |
|---------------------------------------------------------------------------------------------|------------------------------|-------------------|--|
| <b>Required</b>                                                                             |                              | <b>REFERENCES</b> |  |
| <b>*Persons under the age of 18 years shall provide two adult, non-relative references*</b> |                              |                   |  |
| Name:                                                                                       | Relationship:                |                   |  |
| Phone Number:                                                                               | <del>Duties:</del><br>Email: |                   |  |
|                                                                                             |                              |                   |  |
| Name:                                                                                       | Relationship:                |                   |  |
| Phone Number:                                                                               | <del>Duties:</del><br>Email: |                   |  |

|                                      |       |               |  |
|--------------------------------------|-------|---------------|--|
| <b>EMERGENCY CONTACT INFORMATION</b> |       |               |  |
| Name:                                |       | Relationship: |  |
| Phone Numbers:                       | Home: | Work/Cell:    |  |
|                                      |       |               |  |
| Name:                                |       | Relationship: |  |
| Phone Numbers:                       | Home: | Work/Cell:    |  |

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| <b>SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION, AND RELEASE OF LIABILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| <p>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 /intern assignment by employers, schools, criminal justice agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Louisville.</p> <p>In the event that I am selected to become a volunteer/intern 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/intern in a voluntary capacity and that I will receive no compensation or benefits for services provided.</p> <p>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/intern with the City of Louisville. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.</p> <p>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 / Intern Program. I grant full permission to use any photographers, videotapes, recording or any other record of this program for any purpose.</p> <p>The City will provide any applicant or volunteer/intern who is rejected or discharged as a result of a background investigation information on how to obtain the report and contact information for the reporting agency. Determinations to reject an applicant or discharge a volunteer/intern as a result of the criminal background investigation report are final.</p> <p><b>*The City may reject a volunteer/intern applicant or discharge a volunteer/intern for any reason or no reason at all.</b></p> <p><b>BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:</b></p> |       |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DATE: |
| <p><i>Teen</i> →</p> <p><i>Parent</i> →</p> <p>If Volunteer is Under 18, Signature of Parent/Guardian:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |
| DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |