



VOLUNTEER APPLICATION FORM

Developmental Disabilities Resource Center - Volunteer Services
11177 W. 8th Avenue, Suite 300, Lakewood, CO 80215

DATE _____

NAME _____ EMAIL _____

HOME PHONE _____ WORK PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH ____/____/____ (For Office use only) ETHNICITY (optional) _____

OCCUPATION/PLACE OF EMPLOYMENT _____

PREVIOUS WORK EXPERIENCE _____

SPECIAL SKILLS/HOBBIES _____

COMMUNITY AFFILIATION (church, service club, organization) _____

PREVIOUS VOLUNTEER EXPERIENCE _____

ARE YOU BILINGUAL? (if yes, what language) _____

PHYSICAL LIMITATIONS/HEALTH CONCERNS INCLUDING ALLERGIES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY ____ YES ____ NO If yes, please explain: _____

VOLUNTEER OPPORTUNITIES THAT INTERESTED ME:

____ Companion Volunteer/Friendly Visitor

____ Office Volunteer

____ Shopping for ____ with ____

____ Respite (providing caregiver a break)

____ Transportation

____ Personal Business (mail, paperwork)

____ Light Housekeeping

____ Friendly Phoning

____ Sharing Recreational Activities

____ Art Mentor

____ Volunteer with DDRC Recreation Dept.

____ Other (please explain) _____

____ Helping with one-time requests such as Minor Home Repair, Yard Work, Packing Boxes

LOCATION PREFERRED (check all areas in Jefferson County you are willing to serve):

____ Central ____ North ____ South ____ East ____ West

Please list time available: _____ Days _____ Evenings _____ Weekends

EMERGENCY CONTACT:

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Physician _____ Phone _____

REFERENCES:

Please list TWO names of persons not related to you whom you have known at least one year and include phone numbers and addresses.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

DO WE HAVE YOUR PERMISSION TO USE YOUR NAME OR PICTURE IN NEWSLETTER ARTICLES AND MEDIA RELEASES? ____ YES ____ NO

PLEASE TELL US WHY YOU WANT TO BE A VOLUNTEER:

THANK YOU FOR COMPLETING THIS APPLICATION TO BECOME A VOLUNTEER

Mail to: DDRC Volunteer Services, 11177 W. 8th Ave., Suite 300, Lakewood, CO 80215

(303) 462-6585 (303) 462-6589

Fax (303) 233-0103

VOLUNTEER CONFIDENTIALITY AGREEMENT

While volunteering, one may receive a certain amount of information about the person with whom they are working. This information is considered confidential.

The State of Colorado has strict regulations governing the disclosure of confidential information. In general, information about the person with whom you are working may not be released publicly by the agency or any representative of the agency (including volunteers), unless this person or his/her legal guardian gives written authorization.

Information, which is considered confidential, includes, but is not limited to, name, address, phone number and any information concerning the person's disability or the services they receive. Any information pertaining to the person's family is also considered confidential.

Developmental Disabilities Resource Center also complies with the Federal Regulations HIPPA (the Health Insurance Portability and Accountability Act) which specifically protects the DDRC consumer's health information.

If you have any questions, please call DDRC (303-233-3363) and ask for Volunteer Services or the Development Department.

I, _____, have read the above statement
Print Name
and agree to maintain the confidentiality of those with whom I work.

Volunteer signature

Date _____

BACKGROUND SCREENING AUTHORIZATION

In consideration for employment or promotion with DDRC, I understand that several investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, work habits, creditworthiness, academic-credential verification, job performance, experience and reasons for termination. Further, I understand information may be requested concerning my motor vehicle, operations history and criminal history from various private and public sources. **The information will be used for the sole purpose of identification when conducting a background investigation.**

Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies, military services, motor vehicle agencies or any other entity deemed necessary to release any information the background investigation agency may require in connection with this investigation. I understand that these files may contain negative information, therefore I agree to hold harmless the background investigation agency and any agent acting on its behalf, from any and all liability arising through the investigation of my background. **(I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.)**

I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original. Under the Fair Credit Reporting Act (FCRA), I am entitled to receive a copy of the background report before DDRC denies my application or takes any adverse action against me based in whole or in part on information contained in such a report. I am also free to contact the Federal Trade Commission about my rights under the FCRA.

APPLICANT Complete the following information as accurately as possible. (Please print clearly.)

Last Name: _____ First Name: _____ MI: _____
SSN: _____ Driver's Lic. #: _____ State _____
of Issue: _____
Birth Date: _____ Phone: _____
Previous Names (maiden/marriage, etc.): _____ Date Changed: _____

Addresses: (List up to past seven years beginning with your current address. Include city, state, zip and dates of residence.)

- 1. _____ Dates: _____
- 2. _____ Dates: _____
- 3. _____ Dates: _____
- 4. _____ Dates: _____
- 5. _____ Dates: _____
- 6. _____ Dates: _____
- 7. _____ Dates: _____

Have you ever been convicted of a crime? Yes No
If yes, provide details including date, location and nature of crime(s)?

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Background Information Services, Inc.
1800 30th Street, Suite 204
Boulder, CO 80301

(303) 442-3960
(800) 433-6010
(303) 442-1004 Fax

Facility: Developmental Disabilities Resource Center (DDRC) Acct. #: _____
Individual Requesting Search: _____ Phone: _____ Fax: _____