



CITY OF GREELEY – CULTURE, PARKS, AND RECREATION DEPARTMENT
APPLICATION FOR VOLUNTEER PLACEMENT

Program Volunteering For: _____ Today's Date: _____

Name _____ Address _____
Last First Middle Street City State Zip

Home Phone _____ Business Phone _____ Cell _____

Email Address: _____

Highest Grade Completed _____ College _____
Other Schools, Licenses? _____

Volunteer Position(s) Applying for: Prog. Supervisor Coach Asst. Coach
Official Instructor Chaperone
Van Driver Facility Supervisor Clerical
Receptionist Other

What days and hours are you available to volunteer?

Table with 8 columns: Days (Monday-Sunday) and 1 row: Hours

FOR YOUTH SPORTS: I am interested in coaching: Boys _____ Girls _____ What age division? _____

Please list pertinent information that is relevant to the position for which you are volunteering.

Please list previous or current Volunteer Experience

Organization _____ Phone # _____ Supervisor _____
Hrs per week _____ Volunteer Dates from _____ to _____ Volunteer Position held _____
Duties _____

Organization _____ Phone # _____ Supervisor _____
Hrs per week _____ Volunteer Dates from _____ to _____ Volunteer Position held _____
Duties _____

Please list three (3) Personal References (not relatives)

Name Occupation Address (Street, City, Zip) Telephone

Have you ever volunteered with the City of Greeley? Yes / No
If yes, when? _____ To _____ What Department? _____
If a relative is employed here, give name _____ Relationship _____
(You may attach an additional sheet to include any other related experiences)

AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named above to give any information regarding my volunteer experience, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if placed in a volunteer position would be cause for termination and this volunteer workplace shall not be liable in any respect for such action or termination. The City of Greeley is authorized to make any investigation of my background.

Signature _____ Date _____
(03/21/11)

Supervisor Name: _____ Phone: _____

Position Title for Applicant: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **City Of Greeley – Culture, Parks, and Recreation** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **City Of Greeley – Culture, Parks, and Recreation**. **City Of Greeley – Culture, Parks, and Recreation** uses **Sterling Infosystems, Inc.**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Sterling Infosystems, Inc. will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all in juries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **City Of Greeley - Culture, Parks, and Recreation** and **Sterling Infosystems, Inc.**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. I understand and agree that where applied an electronic signature filed in electronic form shall have the same legal force and effect as my hand written signature. According to the Fair Credit Reporting Act, I will be notified by **City Of Greeley – Culture, Parks, and Recreation** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **City Of Greeley – Culture, Parks, and Recreation**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Sterling Infosystems, Inc.**, 5750 West Oaks Blvd, Ste 100, Rocklin, CA 95765 Phone #: 800.943.2589, option 1, Website: www.sterlinginfosystems.com. I understand that residents of a ll states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX if you reside in California, Minnesota or Oklahoma, or if you either work with or are applying to work with a California employer, and if you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.§148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signature _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases
PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS
Mo./Yr. / Mo./Yr.

Current Address: _____
Street Apt.# City State Zip Code From

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?