



Choice Screening

Disclosure and Release Authorization

| | | |
|---|-------------------------|--|
| First Name: | Middle Name: | Last Name: |
| Maiden Name/Other Names Used: | | Date Last Used: |
| Date of Birth: | Social Security Number: | sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | | Years: From-To: |
| City: | State: | Zip: |
| List all states and counties you have resided in over the past 7 years: | | |
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Authorization to Release Information and Records

I, _____ ('APPLICANT') understand that CITY OF GREELEY will use **Choice Screening**, to obtain one or more consumer reports and/or investigative consumer reports ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, CITY OF GREELEY may obtain further Reports from Choice Screening so as to update, renew or extend my employment. I authorize all persons who may have information relevant to this investigation to disclose it to Choice Screening and/or their agent. I release and agree to hold harmless all persons providing such information to Choice Screening, its officers, directors, employees and agents from liability on account of such disclosure. I also release and discharge Choice Screening and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand Choice Screening's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if CITY OF GREELEY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify CITY OF GREELEY within five business days of my receipt of the Report that I am challenging the accuracy of such information with Choice Screening. I hereby consent to this investigation and authorize CITY OF GREELEY to procure a Report on my background. In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons. Additionally, I make this authorization to be valid for as long as I am an applicant or employee with CITY OF GREELEY.

The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is: **Choice Screening | 13000 E. Control Tower Rd. Suite 216, Box L3 | Englewood, CO 80112 Toll Free: 1-877-929-7878**

By signing below, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, and any related state summary of rights.

Applicant Signature: _____

Date: _____

CITY OF GREELEY VOLUNTEER AND RELEASE AGREEMENT

Volunteers provide valuable services in many City of Greeley program areas. Volunteers' time, expeliise, experience and enthusiasm enables the City to extend the reach of its paid staff and offer enhanced programs, services, and amenities to the public. The following paragraphs outline the agreement between volunteers and the City of Greeley.

I acknowledge that I understand my responsibilities as a volunteer with the City of Greeley. The City of Greeley is authorized to make any investigation regarding past employment or volunteer history. In the event that I am placed as a volunteer with the City of Greeley, I agree to comply with all of the City's rules and regulations. I understand that I am **not** insured by Worker's Compensation Insurance. I understand that I **am** covered by an Excess Accident Medical Insurance Policy provided by the City with a limit of \$10,000 per incident and I **accept** this as the limit of City liability while I am a volunteer with the City of Greeley. I hereby release the City of Greeley, its officers, employees and agents from any and all claims, damages and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program.

It is also recognized that volunteers provide valuable services to the City and the community and have a venue for the redress of claims, unless the claim is a result of gross negligence or wanton and willful misconduct, under the Volunteer Service Act, C.R.S. § 13-21-115.5.

Volunteer work offered and preferred Division/Program

Describe services offered: -----

- | | | |
|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Culture | <input type="checkbox"/> Island Grove | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Museums | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Natural Areas & Trails | <input type="checkbox"/> Seniors |

Participant Name: _____ Phone _____

Address: _____
Alternate Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Phone#: _____

Relationship: _____

Please PRINT & SIGN name below to acknowledge agreement with the above:

Print, Signature of person performing activities (18 Years & older) _____ Date _____

Print, Signature Parent/Guardian (if volunteer is under 18 years) _____ Date _____

Signature of City Representative _____ Date _____