



Wheat Ridge Recreation Center 4005 Kipling St. Wheat Ridge, CO 80033 303-231-1300 303-231-1350 fax	Wheat Ridge Active Adult Center 6363 W. 35 th Ave Wheat Ridge, CO 80033 303-205-7500 303-403-1168 fax	Parks Division 4350 Garrison St. Wheat Ridge, CO 80033 303-205-7555 303-423-3578 fax
---	---	---

CITY OF WHEAT RIDGE PARKS & RECREATION DEPARTMENT VOLUNTEER APPLICATION

Volunteer Position Applying for: _____

Does this position involve driving city vehicles? Yes No Don't Know

Personal Information:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail Address _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Volunteer Information/Experience:

Why do you want to volunteer: _____

Previous volunteer or related experience: _____

Do you require any accommodations we should be aware of: Yes No

If yes, please explain: _____

I, _____ understand that being a volunteer for the City of Wheat Ridge requires that I abide by all City rules while volunteering. I also understand that the City of Wheat Ridge has the right to run a background check on any individual that volunteers for the City of Wheat Ridge.

I further understand, it is the policy of the City of Wheat Ridge not to discriminate on the basis of race, color, religion, creed, gender, age, national origin, or disability. In agreeing to volunteer I am granting permission for the use of my likeness, voice and works in television, radio, film, newspapers, magazines, and other media, for the purpose of advertising or communicating City of Wheat Ridge operations.

Volunteer's Signature _____ **Date:** _____

Note: Volunteers under 18 years of age must have application signed by parent/guardian.

Parent/Guardian Signature: _____ **Date:** _____

Attachment A: Background Check Form

Attachment B: VAMP Volunteer Activities Release of Liability

Attachment C: Unpaid Intern/Volunteer Agreement

For Staff Use Only

Background Check Approved: Yes___ No___ **Date:**_____

Driving Background Check Approved Yes___ No___ **NA:**_____

Assigned Staff:_____

Volunteer Job Placement:_____

Date:_____

**VOLUNTEER ACTIVITIES
RELEASE/INDEMNIFICATION – CITY OF WHEAT RIDGE**

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING

In consideration for being permitted to perform the below-described volunteer activities for the City of Wheat Ridge, I hereby acknowledge, represent, and agree as follows:

I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the following activities:

Activities to be performed:

By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities.

By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further hereby waive, and exempt, release, and discharge the City of Wheat Ridge, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, caused in whole or in part by the act, omission, negligence, or other fault of the City of Wheat Ridge, its officers, its employees.

I further agree to defend, indemnify and hold harmless the City of Wheat Ridge, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the City, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, if caused or alleged to be caused, in whole or in part, by my act, omission, negligence, or other fault.

By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault of the City of Wheat Ridge, its officers, and/or its employees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand and acknowledge that the City of Wheat Ridge, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AND INDEMNIFICATION AGREEMENT**, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence)

or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the City, its officers, or its employees. I understand and agree that this **RELEASE AND INDEMNIFICATION AGREEMENT** shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Jefferson County, Colorado.

This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

II. PARTICIPANT SIGNATURE AND DATE:

Participant - Print Name: _____

Participant's Signature: _____

Date of Signature: _____

III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

By initialing above and signing below, I acknowledge that I am the parent of the above-named Participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the City of Wheat Ridge, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

Parent - Print Name: _____

Parent's Signature: _____

Date of Signature: _____

BACKGROUND AUTHORIZATION FORM

Release of Information

FOR COMPLETION FOR ALL CITY POSITIONS (WITH EXCEPTION OF POLICE DEPARTMENT POSITIONS)

The purpose of this form is to notify you that a consumer report will be checked in the course of consideration for employment or volunteer work with:

Company Name CITY OF WHEAT RIDGE Department Name _____

Position Applied For: _____

Please list addresses for the last seven (7) years, if addresses were outside of Colorado.

Last Name	First Name	Middle Name	Social Security #
AKA's: (Maiden Name(s), Aliases, Nickname(s), etc:			
Street Address:		City	State Zip
Date of Birth	Driver's License Number		State of Issue
Ethnic Group:	Sex: Male Female		
Street Address:		City	State/County Zip
Street Address:		City	State/County Zip
Street Address:		City	State/County Zip
Street Address:		City	State/County Zip

In connection with this request, the **Affidavit** outlined on the City of Wheat Ridge Employment Application authorizes the City of Wheat Ridge to conduct the necessary background investigation to determine your capability of performing the position for which you are applying.

It is the policy of the City of Wheat Ridge not to discriminate on the basis of race, color, religion, creed, gender, age, sexual orientation, national origin or disability. The information provided with regard to any of the aforementioned categories will not be used in the employment decision process but utilized ONLY for purposes of obtaining background information in the event needed in order to confirm a bona fide occupational qualification.

This document will be maintained separate from your employment application and will not be accessible to individuals assigned the authority to make employment (paid or volunteer) decisions.

Signature:	Date:
------------	-------

**UNPAID
INTERN/VOLUNTEER
AGREEMENT**

**This is a Release of Liability.
Please read carefully before signing.**

I, _____, the undersigned Intern or volunteer for the City of Wheat Ridge, understand that I am not a paid team member, agent or contractor for the City of Wheat Ridge.

I further understand that the City of Wheat Ridge will not provide me with any pay, compensation, monetary or otherwise, insurance, workers' compensation or any other benefit to which a team member may be entitled.

(In exchange for the educational opportunity to participate as an Intern and complete my specific class assignment,) I hereby release the City of Wheat Ridge, its team members, elected and appointed officials and any other representative of the City of Wheat Ridge from any and all liability for any injury to me or damage to my property which may result from my participation in the capacity of an Intern/Volunteer. This release shall be binding on me and any other person(s) making claim through me or on my behalf.

I hereby acknowledge that I have read, understood, and voluntarily agreed to the foregoing waiver and release agreement.

Signature _____ Date _____