



# City & County of Broomfield Volunteer Application

Dept./Contact \_\_\_\_\_

Please **PRINT** clearly and legibly or your background check may be delayed. Use your full legal name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

List any OUT OF STATE addresses in the past **five** years (city/state/zip) \_\_\_\_\_

Have you volunteered with the City and County of Broomfield in the previous 12 months? **YES NO**  
Are you at least 18 years of age? **YES NO**

If "NO", please have your parent or guardian sign the bottom of this page. Note: Police volunteers must be at least 21 years of age.

Have you ever been convicted of a crime or entered a plea of "guilty" or "no contest" to a crime, excluding minor traffic violations? **YES NO**  
If YES, please list for each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition.

Have you ever been involved in an incident involving child/elder abuse or child/elder neglect? **YES NO**  
If YES, please explain.

### WAIVER OF LIABILITY AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

I understand and agree that I am not an employee of the City and County of Broomfield and will not represent myself as such. I do hereby further understand and agree:

1. That I understand the activities included in this assignment. That I am aware that there may be certain risks involved in providing volunteer services for the City and County of Broomfield, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services. 2. That the City and County of Broomfield and its employees, agents and assigns shall not be responsible or liable for any injury damage, loss or expense, either to me or my property incurred while volunteering my services and resulting from any act or omission on the part of any employee, agent, or assign of the City and County of Broomfield. 3. For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and hold harmless, the City and County of Broomfield and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering my services to the City and County of Broomfield, including, but not limited to, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use. 4. That the City and County of Broomfield reserves the right to terminate me from my volunteer services, in its sole and exclusive discretion if my work is not satisfactory. 5. That the City has my permission to use for any purpose any photographs, videotapes, recording or any other record which may contain pictures or recordings of me participating in this volunteer program. 6. That the information in this volunteer application is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City and County of Broomfield is expressly authorized to investigate all statements contained in this application. Further, I understand and agree that volunteer service is conditioned upon the successful completion of an investigation into my background. I hereby authorize the City & County of Broomfield to conduct such background investigation, including consumer reports which may include, but are not limited to, social security number verification, criminal background check, and sex offender registry check; and a driving record check and computer voice stress analysis test, if applicable. I hereby consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City and County of Broomfield. I understand and agree that I may be disqualified from further consideration should I fail any of the testing or background processes. 7. That in the event that I am selected to become a volunteer for the City and County of Broomfield, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City and County of Broomfield as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided, and that I am NOT subject to any of the provisions of Title 2 of the Broomfield Municipal Code regarding Personnel Administration. 8. That I am NOT insured by Worker's Compensation Insurance. I understand and agree that I am covered by an Accident Medical Insurance Policy, only as a secondary or excess insurance policy that only insures me to the extent I am not otherwise insured by Medicaid, Medicare, or any group or individual insurance policies. I understand and agree that said secondary insurance provided by said Accident Medical Insurance Policy is subject to the limitations of coverage in that policy, including the limits of coverage of \$25,000 per loss that is reported within 30 days of the date an injury is incurred. I understand and agree that said secondary insurance policy is available for my review in the Human Resources Department. I accept this secondary insurance policy as the limit of City and County liability while I am a volunteer with the City and County of Broomfield. I understand and agree that if I choose to transport program participants in any private vehicle, that I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. The City and County will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising there from. 9. I acknowledge it is my responsibility to be sure that my emergency contact information is current. In the event of any emergency, I authorize the provision of medical treatment deemed necessary for my immediate care from any licensed hospital, physician, and/or medical personnel, and I agree that I will be responsible for payment of any and all such services rendered. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

### DISCLOSURE REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your application for volunteer service with the City and County of Broomfield, we may procure a consumer report on you including, but not limited to, a social security number verification, criminal background check, and national sex offender registry, as part of the process of considering your candidacy as a volunteer. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential volunteer service, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act. The Fair Credit Reporting Act (FCRA) gives you specific rights in dealing with consumer reporting agencies. **We use an outside agency only to conduct identity verifications, criminal background checks and sex offender registry checks. We do not conduct credit checks.** By your signature below, you acknowledge receipt of the Disclosure to Volunteer Service Applicant Regarding Procurement of a Consumer Report and you hereby authorize us to obtain a consumer report about you in order to consider you for volunteer service.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN CONSENT (IF VOLUNTEER IS UNDER 18):** I, the undersigned, do certify that I am the parent or legal guardian of the above applicant, that I have read and understand the above WAIVER OF LIABILITY AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT, and that I consent and agree to the terms stated therein. In the event that an injury or accident occurs while the above referenced applicant is volunteering, it shall be my sole responsibility to provide insurance coverage or guarantee of financial responsibility.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_