



COLORADO BRANCH

VOLUNTEER APPLICATION

405 Canyon Ave Fort Collins, CO 80521 phone: 970-472-9630 fax: 970-472-8393

PERSONAL INFORMATION:

55 & Over Under 55

Name: _____
(LAST) (FIRST) (MI)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Ethnicity (optional): __ Non-Hispanic __ Hispanic/Latino
Gender: FEMALE MALE Race (optional): __ American Indian/Alaskan Native
__ Asian __ Black/African-American
__ Native Hawaiian/Pacific Islander
__ White

Email Address: _____

AUTO INFORMATION: (Required)

Do you have automobile insurance? Yes No

Driver's License #: _____ State: _____ Expires: _____
(Please provide us with a copy of your driver's license and current auto insurance. If you do not have an active driver's license, please provide a copy of your government-issued ID)

Colorado requires that all drivers have auto insurance and a valid drivers license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado Drivers license and minimum automobile insurance.

Please Initial: _____ Date: _____

AVAILABILITY: Mon Tues Wed Thurs Fri AM PM
 Special Events Evenings Weekends

Are you flexible with these dates/times? _____ Hours available per week? _____

In which Larimer County areas/communities would you like to volunteer?
 Bellvue Berthoud Estes Park Fort Collins La Porte Loveland Other: _____

HOW DID YOU HEAR ABOUT VOLUNTEERS OF AMERICA:

Internet Newspaper Presentation (where?) _____

Volunteer (please name): _____

Other(specify) : _____

EMERGENCY INFORMATION:

Emergency Contact: _____ Relationship to you: _____

Home Phone: _____ Alternative Phone: _____

VOLUNTEER JOB DUTIES:

Are you capable of performing the tasks of this volunteer job, as listed in the Volunteer Job Description provided, with or without reasonable accommodations? Yes No

VOLUNTEER EXPERIENCE:

Do you have previous volunteer experience? No Yes

If yes, where? _____

What would you NOT like to do as a volunteer? _____

BACKGROUND INFORMATION:

Have you even been convicted of a law violation? No Yes

If yes, please give details (*Include any plea of "guilty" or "no contest"*)

Have you lived in Colorado for the past 5 years ? No Yes (Required for Background Checks)
If no, list the address, city, state, and zip code of residences.

Address, City, State, & Zip: _____ Dates: _____

Address, City, State, & Zip: _____ Dates: _____

Address, City, State, & Zip: _____ Dates: _____

ACKNOWLEDGEMENT:

I understand the information on this form is completely confidential. I realize I am not an employee of Volunteers of America or any of the sites where I serve. I understand that Volunteers of America will require a background check, depending on my volunteer assignment. I understand that any information or omission may disqualify me from further consideration for volunteering and may result in my dismissal. I have read, understand, and by my signature consent to these statements.

Volunteer Signature: _____ Date: _____

VOA Staff Signature: _____ Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

**AUTHORIZATION FOR VOLUNTEERS OF AMERICA, COLORADO BRANCH
TO OBTAIN CONSUMER REPORT FOR
EMPLOYMENT/VOLUNTEERING PURPOSES**

By signing below, I, _____, hereby certify that I have fully read and understand the Fair Credit Reporting Act Disclosure (the "Disclosure") that has been provided to me by Volunteers of America and I hereby voluntarily authorize Volunteers of America to obtain for employment/volunteering purposes a "consumer report" (including but not limited to motor vehicle report(s) and/or criminal background report (s) and/or investigative consumer report(s)) about me and to consider such report(s) when making decisions regarding my employment/volunteering at Volunteers of America. I understand that such a report may be obtained by Volunteers of America both before I am hired as an employee or accepted as a volunteer, and at any time after I begin work as an employee or volunteer. I release both the Volunteers of America and any consumer reporting agency from any liability related to obtaining or furnishing such a report. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed in the Disclosure provided to me by Volunteers of America.

Applicant/Volunteer/Employee Name Date

Witness's Name

Signature

Signature

I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado Law (42-72-204, 42-1-206, 42-3-125 CRS).

Name (Please Print)
Signature _____ **Date** _____
Driver License Number ____ - ____ - _____ **State Issued** _____
Date of Birth _____
Purpose for which records are released: Volunteering

Requestor's Name
Company Volunteers of America
Address 2660 Larimer Street
City Denver **State** Colorado **Zip Code** 80205
Signature of Requestor _____ **Date** _____

we feed. we shelter. we support.



we care

**RELEASE OF CLAIMS AND AGREEMENT
TO INDEMNIFY VOLUNTEERS OF AMERICA**

In consideration of being granted permission to volunteer with Volunteers of America or any of its entities, I, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Volunteers of America, its separate entities, agents, employees and officers from any claim for injuries I may incur of any kind, at any time, whether known or unknown, caused by or related to my volunteer work, which is not caused by the negligence of Volunteers of America, its separate entities, agents, employees or other volunteers.

I further agree to indemnify and hold harmless Volunteers of America and/or any of its separate entities, against all claims, demands, judgments and executions that Volunteers of America and/or its separate entities may sustain as a result of, or arising from my actions as a volunteer, that are beyond the scope of my assigned volunteer duties, whether or not such claims, demands, actions, judgments and executions are discovered during the period of my volunteer work.

I, _____ (Printed Name) certify that I have read and understand this Release of Claims and Indemnification Agreement and execute it voluntarily, this day, _____ (Date), with full knowledge of its significance.

Signature: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Witness Signature: _____

May 2011



RSVP VOLUNTEER ENROLLMENT SHORT FORM

Return completed, signed form to:

405 Canyon Ave., Fort Collins, 80521

OR Email to voarsvp@frii.com OR Fax to 970-472-8393

HOW DID YOU HEAR ABOUT RSVP? (check one):

- United Way 211 or Volunteer Match, Church, Internet, Newspaper, Radio, Volunteer Fair, Presentation/ Volunteers of America Staff, Community Publication, Word-of-Mouth, My Current Volunteer Position, Another Volunteer

PERSONAL INFORMATION: Please print clearly

Name, Address, City, Zip, Home Phone, Cell Phone, Work Phone, Date of Birth, E-mail address, Gender

Are you an actively serving or veteran member of the armed forces?

- Yes, I'm a Veteran, Yes, I'm Active Duty, No

Is a family member (spouse, parent, child) actively serving or a veteran member of the armed forces?

- Yes, I am in a Veteran Family, Yes, I'm in an Active Military Family, No

Ethnicity (Optional): Non-Hispanic, Hispanic

Race (Optional): White, Black, Asian, Pacific Islander, American Indian/Alaskan Native, Other

AUTO INFORMATION: (If you do not complete this section, you will not receive supplemental Auto Liability Insurance)

Driver's License #: State: Expires:

Colorado requires that all drivers have auto insurance and a valid driver's license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado Driver's license and minimum automobile insurance.

Do you have automobile insurance? Yes No Initial: Date:

RSVP ACCIDENTAL DEATH BENEFICIARY: (Required for all RSVP Enrollees)

Name: Relationship:

Address: Phone:

WHERE DO YOU CURRENTLY VOLUNTEER?:

WHAT DO YOU DO THERE?:

ACKNOWLEDGEMENT:

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Volunteer Signature: Date:

Staff Signature: Date: