



HORIZONS SPECIALIZED SERVICES, INC.

VOLUNTEER APPLICATION TO WORK DIRECTLY WITH CLIENTS

(Please type or print in ink)

HORIZONS SPECIALIZED SERVICES, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, NATIONAL ORIGIN, ANCESTRY, RELIGION, CREED, AGE, PHYSICAL OR MENTAL DISABILITY, OR VETERAN STATUS.

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street or P.O. Box City State Zip Code

Home Telephone: _____ Daytime Telephone: _____

Email Address: _____

Emergency Contact: _____
Name Phone #

How did you learn about volunteering at Horizons?

- Newspaper Friend Other-Please list source:
 Relative Walk-In _____

Have you volunteered previously with Horizons? No Yes - If yes, please state when and in what capacity:

Have you ever been employed by Horizons or another Community Centered Board? No Yes - If yes, please state when and in what capacity:

Have you been convicted of a crime or are you presently formally charged with committing a criminal offense? (Do not include crimes for which records are sealed or have been expunged or arrests that are no longer pending and did not result in conviction or guilty plea.)

Yes No

If "Yes," furnish details of the conviction(s) or pending charge(s), including nature of the offense, county and state where convicted or charged, date of conviction, sentence or fine imposed. Regarding pending charges, what is the status of the complaint?

Within the past 30 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances, that were not prescribed to you by a physician or taken in accordance with your physician's prescription? Yes No If "Yes"...

What was the controlled substance used? _____

What was the most recent date of use? _____

Do you agree not to use controlled substances except as prescribed for you by your physician while volunteering with Horizons? Yes No

HISTORY OF EMPLOYMENT & VOLUNTEER EXPERIENCE

List all paid and volunteer positions you have held in the past ten years (use back of page if necessary), including military service. List in chronological order beginning with your current or most recent position. Add additional sheets, if necessary.

Name of Most Recent Employer: _____

Address: _____

Telephone Number: _____

Dates: from (mo/yr) _____ to (mo/yr) _____

Position: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving:

N/A Currently Employed Voluntary Quit Discharge Laid Off Resigned Under Threat of Discharge

Name of Most Recent Volunteer Agency: _____

Address: _____

Telephone Number: _____

Dates: from (mo/yr) _____ to (mo/yr) _____

Position: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving:

- N/A Currently Volunteering Voluntary Quit Discharge Laid Off Resigned Under Threat of Discharge

Have you ever quit or been terminated from a position for alleged theft, dishonesty, embezzlement, physical assault or other activity of a criminal nature?

- Yes No

If "Yes," please provide details including identity of the organization (name, address and telephone number), the nature of the allegations, defenses to the allegation and the outcome of any investigation:

If you have knowledge of a foreign language, please indicate your knowledge level:

Foreign Language:	Speak	Read	Write	Fluency: Good	or Fair
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other qualifications that you feel enhance your qualifications for the position:

Why do you wish to volunteer with Horizons and what contributions do you feel you can make for the betterment of our organization?

State any additional information you feel may be helpful to us in considering your application:

DRIVING

If you would be willing to drive, you must have a license and be insured. Are you willing to drive in your volunteer capacity? Yes No If you checked yes, please complete the following:

I am currently licensed in the State of Colorado or other: _____ Yes No

My license to drive has or has not been suspended or revoked in Colorado or any other state in the past ten years. If it has been suspended or revoked, explain when and why: _____

I am currently covered by automobile liability insurance as required by Colorado State law. Yes No
If your answer is "no," explain why: _____

There are are not any traffic charges pending against me that may result in the loss of my license if I am found in violation. If there are pending charges, explain the nature of the charge and when issues of guilt will be determined: _____

If you are willing to drive as part of your volunteer service for Horizons, please complete the "Disclosure & Release Form Volunteer Driving Record Information" on the last page of this application. If you will not drive for Horizons, you may omit completing that form.

CHARACTER REFERENCES

References: Please provide the name, address and telephone number of three character references of persons who have known you at least three (3) years and who are not relatives or previous employers:

(a) _____
Name Address Telephone No.

(b) _____
Name Address Telephone No.

(c) _____
Name Address Telephone No.

Names/Aliases: Please identify below other names by which you have been known. This will facilitate our verification efforts.

Name: _____ Period of Use: _____

Parties with whom the name was used: _____



DECLARATION OF FULL DISCLOSURE. AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge (as is all the supplemental information submitted in conjunction with this Application). I understand that any misstatement or omission of fact on this application or in any supplemental information may result in my not being selected, or if selected, my termination. I authorize investigation of all statements contained in this application (and accompanying resume, if any), including but not limited to investigation of my employment, volunteer history, education and residential history, driving record, and criminal record.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my past employers, organizations for which I have volunteered, educators, landlords, neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, and personal characteristics. I authorize investigation by law enforcement and any and all state and federal agencies, employers or any other appropriate firms or agencies in any state. (I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made).

I release you from all claims and liability to me for any damages I may suffer as a result of your investigation, including but not limited to claims of invasion of privacy, negligence, other tort claims, contract claims and claims based on equitable theories or federal or state statutes.

"You" as used herein refers to Horizons Specialized Services, Inc. and your employees, agents and representatives acting on your behalf in accordance with this Authorization.

In consideration of my selection as a volunteer, I agree to conform to the policies and procedures of Horizons Specialized Services, Inc. and understand my volunteer status can be terminated, with or without cause, and with or without prior notice, at any time, at the option of either Horizons Specialized Services, Inc. or myself. I understand that Horizons Specialized Services, Inc. maintains a drug free workplace and that I may be required to participate in drug testing as an applicant or volunteer of Horizons Specialized Services, Inc.

Name *(Please Print)* _____ Date Completed _____

Signature: _____



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have given your name to Horizons Specialized Services, Inc. (Horizons) and have authorized Horizons to contact you as part of its investigation of my application for a volunteer position. I am requesting that you cooperate with Horizons in its verification efforts. Please give to Horizons any information requested regarding my employment, volunteer positions, education, character, or other information you may have regarding me.

I am aware that information you provide may or may not be of assistance to me in obtaining the job I seek. I accept the risk that your information will not be helpful to me and release you and any person or entity you represent from liability for any and all damages I may suffer as a result of your response to Horizons' request for information. This release includes all claims I might otherwise have for defamation, interference with contract, or other claims based on tort, contract or equitable theories, federal or state laws.

I covenant not to bring suit against you for responding to Horizons' inquiries and agree to be responsible for any damages you incur, including all costs and attorney fees, as a result of my breach of this covenant.

A photocopy of this authorization shall be as valid as the original. Your cooperation with Horizons is appreciated.

Name *(Please Print)* _____ Date Completed _____

Signature: _____

Social Security Number: _____

RELEASE AUTHORIZATION

In connection with my application for employment or volunteer status, I understand that an investigative report may be requested that will include information as to my criminal and civil conviction history, character, work habits, performance and experience along with reasons for termination of past employment.

I understand that as directed by organization policy and consistent with the position described, you may be requesting information from public and private sources about my driving record, court record, education credentials and references.

According to the Fair Credit Reporting Act, I am entitled to know if employment or volunteer status is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information. I acknowledge that a Fax or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC or its agent to furnish the information described above. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Signature _____

Please print your full name _____

Please print other names you have used _____

Please list all cities, states and counties you have resided in for the last 7 years: (For **Colorado** residency, you only need to list the state once)

City _____ State _____ County _____

City _____ State _____ County _____

City _____ State _____ County _____

City _____ State _____ County _____

City _____ State _____ County _____

Date of Birth _____

Social Security Number _____

This information will be used only for background checks for states that require the information.



Volunteer Release Form

A volunteer must complete the following release form before beginning activities at any location.

Agency Information

Agency: Horizons Specialized Services
Address: P.O. Box 774867 (405 Oak Street), Steamboat Springs, CO 80477
Phone: (970) 879-4466

Release:

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of Horizons Specialized Services' staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I will notify Horizons Specialized Services staff in writing if I have medical conditions about which emergency medical personnel should be informed.

I HAVE READ FULLY AND UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY

Name (print): _____

Signature: _____

Date: _____

Guardian: _____

Date: _____

(Parents or guardians must sign if applicant is under 18)