



Horizons Specialized Services Volunteer Application

Please fill out & return to eskudneski@horizonsnwc.org or our 405 Oak St. office in Steamboat.

Horizons Specialized Services, Inc. does not discriminate on the basis of race, gender, national origin, ancestry, religion, creed, age, physical or intellectual disability, or veteran status.

Date of Application: _____

Name: _____

First

Middle

Last

Address: _____

Street or P.O. Box

City

State

Zip Code

Cell: _____

Email: _____

Emergency Contact: _____

Name and relationship

Phone#

How did you learn about volunteering at Horizons? _____

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:

Please list any other qualifications, skills, or certificates that might aid you in your role:

If you have knowledge of a foreign language, please which one(s) and indicate your fluency:



Employment and Volunteer Experience

Name of Most Recent Employer: _____

Address: _____

Phone Number: _____

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

Position: _____

Supervisor's name: _____ Phone: _____

Type of duties performed:

Name of Concurrent or Preceding Employer: _____

Address: _____

Phone Number: _____

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

Position: _____

Supervisor's name: _____ Phone: _____

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 (if applicable): _____

Address: _____

Phone Number: _____

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

Position: _____

Supervisor's name: _____ Phone: _____

Type of duties performed:

Reason for leaving:

- N/A Currently Employed
- 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 name of organization and contact number, nature of allegations, defenses to said allegations, and outcome of any investigation:

Have you ever been convicted of a crime or are you presently formally charges 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," please provide 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 any pending charges, what is the status of the complaint?

Within the past 30 days, have you used cocaine, any narcotics, amphetamines, barbiturate, or other controlled substances, that were not prescribed to you by a physician or taken in accordance with your physician's prescription?

Yes

No

I, _____, agree that I will not be inhibited by drugs or alcohol while volunteering with Horizons Specialized Services.



Character References

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

(1) _____
Name *Address* *Cell*

(2) _____
Name *Address* *Cell*

(3) _____
Name *Address* *Cell*

Nicknames/Aliases: Please list any other names by which you may be known. This will aide in our verification efforts.

Name: _____
Period of Use: _____
Parties with whom the name was used: _____

Name: _____
Period of Use: _____
Parties with whom the name was used: _____

Name: _____
Period of Use: _____
Parties with whom the name was used: _____



DECLARATION OF FULL DISCLOSURE AND 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: _____

Date: _____



CRIMINAL BACKGROUND RELEASE AUTHORIZATION

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

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. . .

Name: _____
Other names you have used: _____
Date of Birth: _____
Social Security Number: _____

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: _____



Volunteer Driving Record Information Disclosure & Release

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 yes, please complete the following

Driver's License Number: _____

I am currently covered by automobile liability insurance as required by Colorado State law.

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:

There are are not 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/innocence will be determined:



Interests and Availabilities

I'm interested in volunteering in the following capacities (feel free to select multiple):

- One-on-one mentoring; doing activities with one person and building a relationship with them
- Volunteering with Day Program; doing a group activity such as going fishing with multiple people in services and staff
- Volunteering in the office doing administrative tasks
- Volunteering at a group home; helping to cook a meal, do lawn work, participate in a game night or just hang out
- Volunteer with special events; Halloween dance, wave pool party, etc.
- Volunteering in a volunteer group setting doing outdoor activities with people in services; skiing, sledding, hiking, camping, etc.

I have another idea about where I want to serve:

We ask that one-on-one mentors are available for 1 hour a week or 4 hours a month.

How many hours/month are you interesting in volunteering? _____

How many times/week are you interested in volunteering? _____

- I'm just interested in events

When are you available?

- | | |
|--|---|
| <input type="checkbox"/> Sunday morning | <input type="checkbox"/> Wednesday evening |
| <input type="checkbox"/> Sunday afternoon | <input type="checkbox"/> Thursday morning |
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| <input type="checkbox"/> Wednesday afternoon | |

If you can only volunteer at specific times, feel free to list them here:
