



Dear Potential Woodland Park Teen Center Volunteer:

Thank you for your interest in serving as a volunteer at the Teen Center. Our goal is to provide fun and educational activities for kids in a safe and supervised environment after school and over vacation breaks. We need your help to create this environment at the Teen Center in order to meet the needs of young people in our community.

Let us know what you are interested in doing, what days and times you are available, and the date you would be able to start your volunteer hours by completing the attached paperwork.

Please note the Teen Center's regular hours of operation are 3:00 – 6:00 pm Monday through Friday during the school year, and 12:00 – 6:00 pm Monday through Friday over summer break. There are days the Teen Center opens earlier throughout the year and those times can be checked on each month's calendar on our website at:

<http://www.city-woodlandpark.org/home/teen-center/calendar/>

Attached please find the Volunteer Application and the Permission for Release of Individual Records form. Both need to be completed and returned to City of Woodland Park attn: MaryLee Allen, 220 W. South Ave., Woodland Park, CO 80863. Please call me at 687-3291 if you have any questions. After your volunteer application has been turned in and reviewed, you will be contacted regarding your conditional acceptance as a volunteer at the Woodland Park Teen Center.

Thank you again for your interest in volunteering at the Woodland Park Teen Center! We look forward to hearing from you and working with you.

Sincerely,

A handwritten signature in blue ink that reads 'MaryLee Allen'. The signature is fluid and cursive.

MaryLee Allen, Supervisor
Woodland Park Teen Center



Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tel.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? ____ Yes ____ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Types of volunteer work you think you'd be most comfortable with:

___ Helping with a group activity

___ Teaching a workshop

___ Helping at Special Events

___ Tutoring

___ Other _____

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

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Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No ___ Yes ___;

Have you been convicted of a crime? No ___ Yes ___ If yes, please describe:

BACKGROUND CHECK: Woodland Park Teen Center requires volunteers working with us to submit to a background check. A Permission for Release of Individual Records form is attached. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

_____ I agree to have a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tel. No.: _____

Name: _____ Mailing Address: _____

Tel. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for the Woodland Park Teen Center (WPTC), I agree to abide by all applicable rules and regulations. I understand that I will receive no monetary benefits in return for my volunteer service and that WPTC may terminate this agreement at any time without prior notice for any reason. I hereby authorize WPTC to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager.

I hereby Release and Waive liability against WPTC, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any volunteer work for WPTC. Further, I agree that WPTC is not liable for any damage to my property resulting from volunteer work for WPTC. I agree that this release is as broad and inclusive as permitted by the laws of the State of Colorado.

Volunteer Signature: _____ **Date:** _____

SEARCH FEE
\$2.20

PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS and REQUESTOR RELEASE AND AFFIDAVIT OF INTENDED USE

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I (please print) _____ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

OR

I (please print) _____ am the parent or legal guardian of (please print) _____ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

Release Records to (name) _____ Driver's License Number _____ State _____

Company (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.

Signature of Requestor _____ Date _____

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.