Name: ___________________________ Birth Date: ________________
Address: ___________________________ City: _______________ State: ________ ZIP: ________
Email: ___________________________ Mobile Phone: _______________ Home Phone: _______________ Work Phone: _______________

What are your preferred levels of commitment? Check at least one.

☐ Event Only ☐ Regular Commitment ☐ Short-Term Projects ☐ No Preference

When can you volunteer? Please indicate your typical hours of availability on the chart below.

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>As Needed</th>
</tr>
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</tr>
</tbody>
</table>

Why are you interested in volunteering?

What are your skills?

How did you hear about Volunteer Thornton?

Programs of Interest: Please check any programs you are interested in.

☐ Special Events ☐ Youth Sports Coach ☐ Victim Advocate
☐ Adopt-a-Flower Bed ☐ Fire Hydrant Painting ☐ Water Ambassador
☐ Adopt-a-Street ☐ Snowbusters ☐ Youth and Teen Volunteer Corps
☐ Arts and Culture ☐ Storm Drain Marker Program ☐ Other: ____________________________
Do you require any reasonable accommodations to perform the functions or duties of a volunteer?
If yes, please explain: ___________________________________________

Emergency Contact
Name: ___________________________ Relationship: ______________________
Primary Phone: __________________ Secondary Phone: __________________

Employment and Volunteer Experience: List any previous work or volunteer experience that relates to your area(s) of interest.

Name of Organization: ___________________________ Dates of Employment: ____________
Street Address: ___________________________ City: ___________ State: ___________ ZIP: ________
Supervisor’s Name: ___________________________ Phone Number: ___________ Average Hours per Week: ______
Duties: ______________________________________________________________________________________

Name of Organization: ___________________________ Dates of Employment: ____________
Street Address: ___________________________ City: ___________ State: ___________ ZIP: ________
Supervisor’s Name: ___________________________ Phone Number: ___________ Average Hours per Week: ______
Duties: ______________________________________________________________________________________

Additional Information
Number of years lived in Colorado: ______ States lived in the past 10 years: _______________________

Is this volunteer service court ordered? ☐ Yes ☐ No

Disclaimer

Confidentiality Statement: As a volunteer for the City of Thornton I understand that some of my work may involve access to information and records that are considered confidential. I acknowledge my responsibility to respect the confidentiality of others, to follow procedures in order to protect privacy, and to act in a professional manner with the public. I further understand that if I violate confidentiality or am unprofessional, I will be dismissed immediately. I understand this action to be necessary in order to maintain high professional standards of the City of Thornton.

Background Check Authorization: The City of Thornton will conduct a background investigation on the applicants, including, but not limited to, the verification of criminal record history, driving record history, and the National Sex Offender Public Registry. By signature below, I hereby authorize the City to conduct such investigation without further notice. I also consent to the release of any confidential information held by prior employers or held by any other person or organization to enable the City to conduct the background investigation. It is my responsibility to notify the City of any changes in my criminal history.

Release of Liability: I acknowledge participation in the Volunteer Thornton program involves risk of physical injury or damage to personal property. I hereby expressly assume such risk of physical injury or damage to personal property, and release and waive any claims against Thornton, its agents and employees, such injury or damage, and further agree to hold the City of Thornton, its agents and employees, harmless for any injury to me while participating in the City’s volunteer program. It is my understanding that while volunteering for the City of Thornton, volunteers are covered under the City’s volunteer medical insurance policy as their secondary coverage. I acknowledge I have read and understood this agreement. I certify that all statements on this form are true and complete and understand that false statements or incomplete information shall be sufficient cause to not accept me as an applicant or dismiss me as a volunteer.

Signature of Applicant ______________________________ ID/License # (attach a copy) ______________________________
Signature of Parent or Guardian if Applicant is under 18 ______________________________ Date ______________________________