



**VOLUNTEER SERVICE
CHECKLIST**

This form is to be completed by the department that will submit these required documents to the appropriate contact office, at least two (2) weeks prior to start date. Incomplete documentation will be returned to the department.

Volunteers are required to be at least 15 years of age and be a U.S. Citizen or Legal Permanent Resident.

Volunteer Name: _____

Social Security No.: _____

Department & Division: _____

Dept Contact Name & Phone #: _____

Start Date: _____ End Date: _____ (no more than two years)

Check one: 15 to 17 years of age OR at least 18 years of age

Check one: U.S. Citizen OR Permanent Resident

Required Documentation:

- Volunteer Service Application
- Volunteer Service Background Search Form
- Volunteer Service Agreement or Volunteer Service Parental Consent & Agreement
- Copy of proof of age document
- Copy of proof of U.S. Citizenship or Permanent Residency
- Proof of Medical Insurance Coverage



**VOLUNTEER SERVICE
BACKGROUND SEARCH
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(For Use in Conducting Criminal Background Check)

PRINT NAME: Last		First	Middle Initial	Maiden Name
SOCIAL SECURITY NUMBER		DATE OF BIRTH		SEX
DEPT CONTACT NAME		DEPARTMENT		PHONE
DURATION OF ASSIGNMENT		Start Date	End Date	
BACKGROUND CHECK				
<p>Have you ever pled guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever pled no contest or had adjudication withheld on any criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any criminal charges pending (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to any of the above questions, please provide dates, places, details and dispositions of any convictions, pleas, sentences or pending issues: (Attach a separate sheet, if necessary.)</p>				
<p>Have you been a defendant in a civil action for intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain the nature of the tort and the disposition of the action: (Attach a separate sheet, if necessary.)</p> <p>Tort means a wrongful act (e.g., assault, battery, fraud, or injury) for which a civil action can be brought.</p>				
CITIES/STATE(S) RESIDED IN WITHIN THE LAST THREE YEARS				
CURRENT ADDRESS				HOME PHONE NUMBER ()
PREVIOUS CITY/STATE/ZIP 1.		PREVIOUS CITY/STATE/ZIP 2.		
PREVIOUS CITY/STATE/ZIP 3.		PREVIOUS CITY/STATE/ZIP 4.		
I agree to conform to the rules and regulations of the University.				
SIGNATURE			DATE	
The department must submit this completed form to Human Resources office AT LEAST TWO (2) WEEKS <u>PRIOR</u> TO START DATE.				

**NOTIFICATION TO APPLICANT THAT A CONSUMER REPORT MAY BE
OBTAINED BY THE UNIVERSITY**

In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996 and applicable state law, this notice is to inform you that the University may obtain a consumer report or reports in connection with your application for volunteer services. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, and Department of Motor Vehicles reports as appropriate for the position sought. In compliance with the above law, the University certifies the following:

- The University has disclosed to the applicant that a consumer report(s) may be obtained in connection with volunteer services, and the applicant's consent to obtain this consumer report has been obtained.
- The consumer report(s) will be used for no purpose except volunteer service purposes.
- If the University takes any adverse action against the above-named applicant based in whole or in part on information contained in the consumer report(s), the University will comply with all adverse action information requirements mandated by the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, and applicable state law.
- No information obtained from the consumer report(s) will be used in violation of any applicable federal or state laws or regulations.
- No medical information is sought in connection with this consumer report(s).

By signing below, I acknowledge that I have read and understand the above information regarding the University's option to obtain a consumer report on individual's applying to provide volunteer services.

Signature of Applicant

Date

Printed Name of Applicant

Social Security Number



VOLUNTEER SERVICE APPLICATION
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- Directions:
- Please complete pages, even if resume is attached
 - Type or print, using black ink
 - If you need additional space, attach a separate sheet
 - Sign the completed application

GENERAL

Name (Last) (First) (Middle) Today's Date

Present Address (Street, City, State, Zip Code)

Day Phone with Area Code Evening Phone With Area Code U.S. Citizen or Permanent Resident?

Permanent Address if different from present address Alternate Phone Number

Cellular Number E-Mail Address

Have you ever Volunteered for CMU.? Yes No If Yes, Indicate Dates of Volunteer Service Department Position
If Yes, Department Contact Name: _____

Name(s) and Department(s) of any family members employed at the Colorado Mesa University

EMERGENCY

Emergency Contact Name Relationship to You Phone No.

Physician's Name Phone No.

REFERENCES

Name	Relationship	E-Mail Address	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION AND TRAINING

Relevant Education (If student, indicate academic affiliation.)

Relevant training skills, experience

VOLUNTEER SERVICE INFORMATION

CMU Department Dept. Contact Name Dept. Phone No.

Start Date End Date (not to exceed two years) Estimated Hours Per Week

Describe Roles and Activities as a Volunteer: BE VERY SPECIFIC; ATTACH ADDITIONAL SHEET IF NEEDED.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SIGNATURES

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the Colorado Mesa University.

Participant Signature Date

Parental signature required if volunteer under 18 years of age Date

Department Sponsor: Print Name and Title Signature Date

Department Chair Signature Date

**The department must submit this completed form to Human Resource office
AT LEAST TWO (2) WEEKS PRIOR TO START DATE.**



VOLUNTEER SERVICE AGREEMENT AND WAIVER OF LIABILITY

I, _____, a resident of the State of Colorado, desire to serve as an Authorized Volunteer pursuant to section 24-10-103(4)(a), C.R.S. at Colorado Mesa University, ("CMU").

I understand that my status at CMU during this period shall be that of a volunteer, not an employee.

I further understand that I shall receive no remuneration, salary, or employment benefits from CMU in exchange for my service as an Authorized Volunteer. My service as a volunteer at CMU may be terminated by CMU or by me at any time for any reason.

I understand that I will be volunteering in an excellent institution of higher education and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service.

I understand that during my volunteer service, I may have access to, or may observe, certain information that is sensitive, confidential, or proprietary to the University or to a student or employee, and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential, and not to duplicate, disseminate, or remove any such records or files from the University without permission.

It has been explained to me, in accordance with the Colorado Governmental Immunity Act, section 24-10-101, et seq. C.R.S, that the State of Colorado ("State") will defend, indemnify, and hold me harmless in the same manner and to the same extent the State protects its employees from any claim, demand, suit for property damages or personal injury including death allegedly caused by my activities if:

1. At the time of the occurrence, I was acting in good faith within the course and scope of my volunteer duties in accordance with the directions of my supervisor, and
2. I provide immediate notice to the State of any claim, and
3. I cooperate in the defense and do not stipulate to any judgment or settlement without the State's approval.

I understand, however, that since CMU is not authorized to render official insurance coverage determinations for the State of Colorado, the explanation which has been provided to me is in the nature of an opinion, not a guarantee.

It has also been explained to me that the service I will render as an Authorized

Volunteer at CMU may or may not entitle me to be treated as an "employee" under the provisions of the Workers' Compensation Act of Colorado, section 8-40-101, et seq. C.R.S., and, therefore, any injuries I may incur during the performance of my duties as an Authorized Volunteer may or may not be covered by workers' compensation insurance. In the event of an injury requiring medical care, I, or my personal health insurance, may be responsible for payment of all medical costs.

With full comprehension of the potential consequences of this decision, I hereby assume all risk of injury to myself and my property which I may suffer as a result of my service as an Authorized Volunteer at Colorado Mesa University. On behalf of myself as well as my heirs, administrators, executors, and assigns, I hereby release and forever discharge the State of Colorado, and Colorado Mesa University, as well as its trustees, officers, agents, and employees, from any and all claims, demands, and causes of action, of whatever kind or nature, either in law or in equity, arising from, or in any way connected with, injuries sustained by me in connection with my service as an Authorized Volunteer at Colorado Mesa University.

I hereby acknowledge that I have carefully read this Liability Release Form, understand the contents thereof, and am executing it voluntarily of my own free will.

Volunteer's Printed Name

Volunteer's Date of Birth

Volunteer's Signature

Date of Execution of Agreement

Colorado Mesa University Representative

Title

Provide one copy of this agreement to the University volunteer.
Retain this agreement for seven years from end of service.



Required for participants under 18 years of age

By signing below, I _____, hereby attest to the following:

1. I am the legal guardian of _____, who is under eighteen years of age, and has my permission to participate as a volunteer from _____ to _____ at the Department of _____ at the Colorado Mesa University, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the Colorado Mesa University, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the Colorado Mesa University persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a University volunteer, the State of Colorado and Colorado Mesa University do not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her University volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Print Name

Signature of Legal Guardian

Date

Print the full name and address of a person who can be reached between the hours of 8:30 a.m. and 5:00 p.m. in case of emergency.

Print Name

Relationship

Address

Phone Number

Provide one copy of this agreement to the University volunteer.
Retain this agreement for seven years from end of service.