



CITY OF LAKEWOOD
DEPARTMENT OF HUMAN SERVICES
VOLUNTEER APPLICATION

APPLICATION DATE: _____

VOLUNTEER I.D. NUMBER: _____
(FOR OFFICE USE)

NAME: _____ D.O.B. _____ S.S.N. _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ PHONE (WORK) _____ CELL _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE (HOME) _____ PHONE (WORK) _____

PRESENT / PAST WORK EXPERIENCE (COMPANY, TITLE, DUTIES, ETC.)

LIST ALL VOLUNTEER EXPERIENCES (ORGANIZATION, DUTIES, LENGTH OF SERVICE)

VOLUNTEER ACTIVITIES I AM INTERESTED IN _____

TASKS I PREFER NOT TO DO _____

HOW DID THE VOLUNTEER LEARN ABOUT VOLUNTEER OPPORTUNITIES WITH THE

CITY OF LAKEWOOD? _____

NOTES _____



CITY OF LAKEWOOD
DEPARTMENT OF HUMAN SERVICES
RECORD CHECK

DEPARTMENT OF HUMAN SERVICES, DIVISION OF _____ VOLUNTEER

NAME: (MARRIED AND MAIDEN) _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

DRIVER'S LICENSE _____ EXP. DATE: _____ TYPE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

HAVE YOU EVER BEEN ARRESTED, CITED, CHARGED, PLEADED GUILTY, OR BEEN FOUND GUILTY OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL STATUTE OR ORDINANCE, INCLUDING MINOR MISDEMEANORS AND TRAFFIC VIOLATIONS? (LIST ALL MOTOR VEHICLE ACCIDENTS) YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

I HEREBY AUTHORIZE THE CITY OF LAKEWOOD TO CONDUCT A RECORD CHECK OF MY BACKGROUND, AND I RELEASE THE CITY OF LAKEWOOD FROM ANY LIABILITY FOR DAMAGES ARISING FROM INFORMATION OBTAINED FROM SAID RECORD CHECK. I FULLY UNDERSTAND THAT MY FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN MY APPLICATION FOR A VOLUNTEER POSITION BEING REMOVED FROM CONSIDERATION, OR MAY BE CAUSE FOR TERMINATION OF MY SERVICE AS A LAKEWOOD DEPARTMENT OF HUMAN SERVICES, DIVISION OF _____ VOLUNTEER.

DATE: _____ APPLICANT'S SIGNATURE: _____

FINDINGS: _____

DATE: _____ POLICE CHIEF: _____



CITY OF LAKEWOOD
DEPARTMENT OF HUMAN SERVICES
AGREEMENT

I ACCEPT THE VOLUNTEER POSITION OF _____ FOR THE LAKEWOOD DEPARTMENT OF HUMAN SERVICES, DIVISION OF _____. I UNDERSTAND THAT THERE WILL BE NO MONETARY COMPENSATION FOR THIS POSITION. I AGREE THAT ALL INFORMATION RECEIVED REGARDING CLIENTS IS TO BE KEPT STRICTLY CONFIDENTIAL. I UNDERSTAND THAT I CANNOT REVEAL THE NAME, ADDRESS, IDENTIFYING INFORMATION REGARDING CLIENTS AND THEIR FAMILIES, TO ANYONE OTHER THAN THE DESIGNATED DIVISION OF _____ STAFF. I UNDERSTAND THAT A BREACH OF THIS CONFIDENTIALITY IS GROUNDS FOR TERMINATION OF MY VOLUNTEER POSITION.

VOLUNTEER SIGNATURE: _____

DATE: _____



CITY OF LAKEWOOD
DEPARTMENT OF HUMAN SERVICES
REFERENCE CHECK

PLEASE LIST TWO PERSONAL REFERENCES:

1. NAME: _____
ADDRESS: _____
CITY: _____
PHONE: _____
RELATIONSHIP: (i.e. friend, supervisor, relative etc.) _____

2. NAME: _____
ADDRESS: _____
CITY: _____
PHONE: _____
RELATIONSHIP: (i.e. friend, supervisor, relative etc.) _____

I HEREBY AUTHORIZE THE ABOVE REFERENCES TO FURNISH THE LAKEWOOD DEPARTMENT OF HUMAN SERVICES, DIVISION OF _____ WITH INFORMATION CONCERNING MY APPLICATION FOR A VOLUNTEER POSITION. I RELEASE THE DIVISION OF AGING FROM ANY LIABILITY FOR DAMAGES ARISING FROM SAID INFORMATION. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL.

SIGNATURE OF APPLICANT: _____

DATE: _____