



## Volunteer Application

La Plata Youth Services  
Phone: 970-385-4440 | Fax: 970-385-1726  
2301 Main Avenue Durango, CO 81301

Thank you for considering supporting the youth at La Plata Youth Services. We ask that you please include a **resume**, **driver's license**, and **proof of vehicle insurance** with this application.

### Contact Information

Name	
Date of Birth	
Social Security #	
Street Address	
City ST ZIP Code	
Home Phone	
Employer and Work Phone	
Driver's License #	
E-Mail Address	

### Availability

Our volunteer positions vary in time, duration, and level of commitment. Let us know when you are available during the week, and how long you can commit to working with the youth at LPYS.

### Interests

We use your interests and hobbies to understand a better sense of who you are and how you could best support the youth who work with LPYS

### Experience and Motivation

Summarize any special skills or qualifications you may have, including informal, volunteered or paid experience working with youth and children. We are also interested in why you want to work with the youth at LPYS.

## References

Please include at least one personal reference and one professional/job reference

## Criminal Background

Have you been convicted of a felony or differed sentence in this state or another? If so please describe the date, charge, city and state where charge occurred.

Have you ever been denied employment or been terminated from a job where you worked with minors? If so, please explain.

Are you a recovering alcoholic/drug addict? If so, describe your recovery process and program.

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

## Authorization to Release Information

By signing this document I am giving LPYS full authority to obtain and share background information related to the volunteer position, including but not limited to: police contacts, arrest records, criminal history, and Central Registry of Child Abuse Reports. I give my unconditional authorization for any and all persons or entities to release and any all information requested by LPYS. Information obtained from a consumer reporting agency will be used only for evaluation of suitability for volunteer applicants.

Furthermore, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to ethnicity, religion, national origin, gender, sexual orientation, age, or disability.

**Thank you** for completing this application form and for your interest in supporting our programs at La Plata Youth Services!

**E. Automobile Accident *(Optional)***

If you are involved in an automobile accident while on LPYS business (personal or LPYS car) you must report the accident to your supervisor immediately. You should request and obtain a police report and police investigation at the scene of the accident.

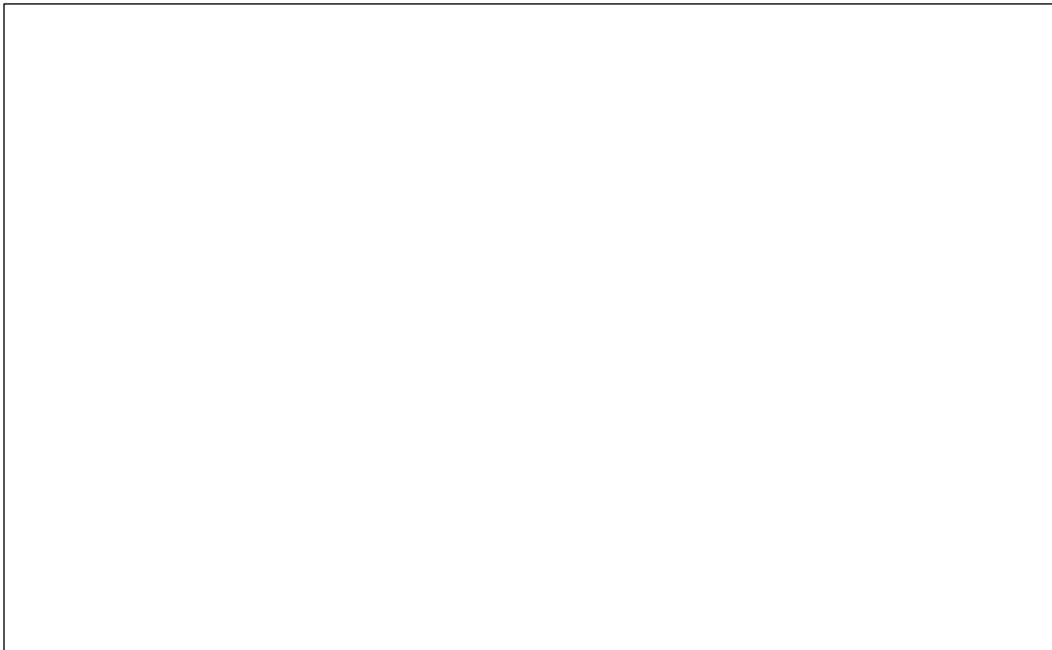
You are not to drive a personal vehicle for LPYS business unless authorized to do so. If your job requires you to operate your personal vehicle, you shall be required to submit proof of a current and valid state driver's license.

If you use your own vehicle, either by authorization or requirement, to carry out the business of LPYS, you must submit a photocopy of the cover page of your insurance policy covering that vehicle as proof of that insurance. Insurance must be maintained current as a term and condition of continuing employment for that particular position.

Signature\_\_\_\_\_

Print\_\_\_\_\_

Proof of Insurance



**LA PLATA YOUTH SERVICES  
EMPLOYEE VERIFICATION CHECK CONSENT**

**PART I  
ALL LPYS APPLICANTS MUST FILL OUT**

I, the undersigned, understand the requirements of the position for which I am applying. I grant the La Plata Youth Services full authority to obtain and share background information related to this application. Information sought may include, but not be limited to police contact, arrest records, criminal history, driving records, and the Central Registry of Child Abuse Reports. Information sought may reside in public entities.

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Drivers License State \_\_\_\_\_ # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Colorado Department of Human Services
people who help people

DIVISION OF BOARDS AND COMMISSIONS
Mary V. McGhee, Director
1575 Sherman Street, 7th Floor
Denver, Colorado 80203-1714
Phone 303-866-4614



John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Notice: Price decrease to \$25 effective November 1, 2013

Individual Background Investigation Request

(Please print legibly)

Send this request with a check or money order for \$ 25 payable to CDHS, BIU, and Records & Reports. Completed forms should be returned to : 1575 Sherman St, 7th Floor, Denver, CO 80203. Incomplete or unsigned applications cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.

Please circle one showing the nature of your request: Employment, Volunteer, Adoption, or Foster Care Other (Explain):

Full name of person to be checked:
Maiden Name and other names used:
Date of Birth: Social Security No: Sex: Race:
Current Address:
Mailing Address:
Previous Address:
Phone Number:

Please circle one and list your Spouse or Former Spouse or Parent(s) of you Children (Add additional names on back of this form):

Full name:
Maiden/Other names used:
Date of Birth: Social Security No: Sex: Race:

Please list full names of your children and include dates of birth and sex (Add additional children on back of this form):

Signature of Person being checked: Date:
If you are under age 18, your parent or legal guardian must sign

Note: Colorado criminal law governs misuse of information in the state database on child abuse or neglect, including false statements. CDHS will promptly investigate violations and take necessary action.

If you want this information released to another party, please complete information below. I hereby authorize CDHS to release the results of this background check to:

Person or Company: La Plata Youth Services Attention: Katy Pepinsky, Executive Director
Address & Phone: 2301 Main Avenue, Durango, CO 81301 (970) 385-4440, ext. 10

Signature of Person being checked Date



## Confidentiality and Mandatory Reporting

### Confidentiality

Working with youth, you will likely learn a lot about the private matters of their personal lives, their families, and their involvement in other organizations. As a volunteer, you cannot acknowledge to anyone outside of LPYS that a youth has participated in our program. All information read or heard regarding clients and files must be kept confidential.

I know it is tempting to discuss what is happening in your relationship with the students who work with us to your friends, but *please* remember that Durango is a small town. You never know when you are in earshot of someone's cousin, neighbor, babysitter, significant other, step-parent, hair dresser, etc. If a youth entrusts you with private information, please respect their right to keep that information private. If there are any questions regarding information that a youth shares with you, please speak directly with that youth's case manager.

LPYS has a **no social media contact** policy between volunteers and students. This holds true during and after volunteering, and during and after a youth's participation in the program.

### Mandatory Reporting

There are three circumstances that overrule confidentiality with youth

1. Child reports abuse or neglect, both physical and emotional
2. Child admits suicidal ideations
3. Child confesses intentions to harm others

As a volunteer for La Plata Youth Services, you are considered a Mandatory Reporter. This means that ANY time you feel uncomfortable with something a student tells you, you need to share the responsibility of that information with an LPYS staff member. Always err on the side of caution, and share as soon as you possibly can. Together you can decide if the situation warrants a call to Social Services.

### Department of Social Services: 970-382-6150

Please know that a call so Social Services merely puts the issue in the hands of a professional. We can trust them to know how to choose which reports require further investigation – and not every call will result in an investigation. You will not ever hear back from social services unless a case goes to court.

**BOTTOM LINE:** The safety and success of our youth is priority. It is more important than any discomfort you may feel in "telling" on someone.

**I have read and understand the requirements in maintaining confidentiality and reporting abuse and intentions of harm with the clients of La Plata Youth Services. I agree to the terms of interactions with youth.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Volunteer Liability Waiver

I, \_\_\_\_\_, as a participant in the La Plata Youth Services Volunteer Program, do hereby and forever release and discharge La Plata Youth Services, La Plata County government and any sponsoring partners of the volunteer program and each of their affiliates and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury or any loss or damage to property in any way resulting from or otherwise relating to the undersigned participation as a volunteer in the program.

I fully understand and agree to provide my services as a volunteer in a volunteer capacity. I fully understand that I do not work for this organization as an employee, therefore, I am not entitled to worker's compensation benefits and I will not be compensated for lost wages or permanent disability benefits resulting from any instance while volunteering.

I fully understand and agree that if I use my personal vehicle while conducting volunteer business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist.

I fully understand and agree that if I use any of my personal property while conducting volunteer business, I will not be provided insurance coverage or be financially reimbursed should damage or loss occur.

I fully understand that as a volunteer, I am covered by La Plata Youth Services' liability insurance in the same degree and conditions as an employee.

By signing this form, you are aware of and understand the nature of the volunteer program and their participation requirements and conditions and agree to the above.

Volunteer Name (printed): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_